

Hawaii Corner

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Many Californians know Hawai'i as a place of beauty and relaxation. While our islands are blessed with an abundance of natural beauty we face many of the same health threats as the US mainland as well as public health issues specific to our islands and our isolated position in the Pacific. Beginning in this column, we will explore some of the public health issues and programs in the state of Hawai'i. For each issue of CJHP, I will invite an author to describe the efforts we are making to protect the health of the people of Hawai'i. In the following inaugural article, I will discuss public health education in Hawai'i.

Public Health at the University of Hawaii at Manoa, 2000-2006

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Due to the physical separation between Hawai'i and the US mainland, the high cost of living and the relatively low levels of in and out migrations from the islands, local higher education in medicine, public health, nursing and law is needed to maintain an adequately trained workforce. The University of Hawai'i at Mānoa (UHM) is the Flagship University of the State's Ten Campus System. From 1965-2000, there was a School of Public Health at the University. The School graduated over 3,500 students during this time, with 1,656 students coming from Hawai'i, 1,030 from the US mainland and 788 from countries outside of the US. International alumni came from over 65 countries to attend the School. Unfortunately, a variety of factors including a difficult economy in Hawai'i during the 1990 and lack of University support led to the loss of accreditation of the school. The School was closed and the Office of Public Health Studies

was created within the medical school. Below is a summary of the program development between 2000 and 2007.

Closure and Introspection 2000-2001

It was with much sadness that the UHM School of Public Health (SPH), a program that was internationally known for its public health education program, lost its Council on Education for Public Health (CEPH) accreditation in 2000. There were a multitude of reasons why the SPH lost its accreditation. The crisis did not come quickly. The SPH began to lose the necessary resources to function as an accredited school with the departure of the last permanent dean in 1992. A search was authorized and completed for a new dean, however, this coincided with the appointment of a new UH president who did not successfully complete the negotiations with the search committee's candidate. The UH administration declined to authorize another search for a permanent SPH dean, requiring existing faculty to try to fill the role on an "interim" basis for the last eight years before closure.

The state underwent financial hardships in the early 1990's and offered a favorable retirement package to eligible senior faculty to reduce personnel costs. By 1995 the fiscal crisis dictated statewide hiring freezes. This meant that the five senior public health faculty who retired could not be replaced and later these unfilled positions were "swept". The SPH had been criticized by CEPH for its relatively high student-faculty ratio and relatively low research productivity. The loss of faculty without replacement exacerbated the issues of high student-faculty ratio and low research productivity. The 1996 CEPH Report noted these resource deficiencies and placed the University on notice that if the deficiencies were not rectified within two years, the SPH would

face the loss of accreditation. By the time of the 1999 site visit, the SPH had a net loss of 10 tenure-track faculty.

The CEPH accreditation team tried to help galvanize UH administrative support for the SPH during their visits, but this was not successful. Locally, the SPH was overwhelmed with supportive testimony to an independent review panel, media attention, and personal appeals administration by faculty members and the community. A weeklong hunger strike and sleep-in also was undertaken by alumni and staunch supporters.

Despite these efforts, the SPH experienced the revocation of its accreditation in June, 2000. Public Health was immediately reorganized within the John A. Burns School of Medicine (JABSOM) as the Office of Public Health Studies with the academic programs under the Department of Public Health Sciences and Epidemiology. The pledge of the new JABSOM dean was to rebuild Public Health into a school within five years.

The decision was made to limit the MPH offerings to Epidemiology, although a second MPH, in gerontology, was approved. Four new faculty members were hired into the Epidemiology program each with a strong publication and grant record.

Accreditation as a program 2002

The program grew quickly from 12 students in 2000 to 33 in 2002. And in April 2002, the Department was accredited by CEPH as a program in public health, offering the MPH in Epidemiology and Gerontology. This meant that all of the students admitted graduated from an accredited program.

Governance and budget decisions remained centralize, and the lack of Gerontological faculty lead to discontinuing the Gerontological specialization on 2003. The Gerontology was moved to another school with the university. New faculty were brought on board and joined with the other faculty to offer an MPH in Social and Behavioral Health Sciences. This MPH program was approved in 2003. However, more

problems were to come to the Office of Public Health Studies.

The flood and the diaspora - October 2004 – August 2005

After weeks of heavy rain, Mānoa Stream jumped its banks on October 31, 2004. More than \$80 million in damage was done to UH buildings and grounds. The Biomedical Sciences Building, where the public health program is located, was among the hardest hit. The stream dumped water and mud throughout the basement and 1st-floor offices. The electrical and air conditioning systems were destroyed. The state called in a disaster-management firm to remove ruined carpets, walls, furniture, books, and papers. Noisy and exhaust-spewing generators were brought in to aid in the clean-up. First-floor faculty had a few days to salvage and box up what they could, which was moved to storage. Second-floor faculty was allowed to stay, but these offices were without power and air conditioning for over a year. Fortunately, the student services office remained in the building to provide some stability for public health faculty and students.

Faculty members taught their courses in whatever classroom could be found for them on campus, but had nowhere on campus to conduct research or to meet with students and colleagues. Faculty members were supported to set up crude and non-private offices in a warehouse about 5 miles from campus (where administrative staff had been transferred) or in their own homes. (Some quipped that they were working out of their cars and holding all their meetings at Starbucks, which was not too far from the truth.)

The rebuilding of the Biomedical Sciences Building was slowed by the fact that many of the pre-flood tenants were able to move in April 2005 to the new JABSOM building that was already under construction when the flood occurred. However, efforts by the public health students and faculty were successful in getting some of the Biomedical Sciences Building second floor offices and classrooms re-habitable by September 2005. It should be noted, however, that despite the flood, classes were taught, research was conducted, and papers were

written. Most importantly, the Program was able to follow-through with the new hires. In 2005, four new individuals joined the faculty.

Moving back and starting to rebuild – 2005-present

Although faculty members began moving back to the Biomedical Sciences Building in 2005, Public Health did not re-acquire its full complement of offices and classrooms until spring 2006. The process of ordering needed furniture for offices and classrooms and refurbishing the computer and research labs began. The computer lab was not fully functional until fall 2006.

After this period dislocation by the flood the Department had to re-strengthening ties with the community. This included strengthening relationships with practicum supervisors, students, potential students and new applicants. Two new faculty were hired in 2006, including a Practice Coordinator. The role of the Practice Coordinator is to officially establish numerous community linkages and strengthen the service-learning collaboration with various agencies and organizations.

Through the difficult period of disruption the students were resilient and interested in the growth of the program. In Fall 2006, students in the Needs Assessment class agreed to undertake an assessment of community needs for public health education. Data were collected through two talk-story sessions, three focus groups, 34 interviews, and an online questionnaire completed by 128 students, faculty, and members of Hawai'i's public health community. The students drew four conclusions from the findings:

1. There is a lack of awareness about the UH Public Health program.
2. There is a need for a strong Public Health program in Hawai'i.
3. People want more options and opportunities for education in Public Health.
4. There is a need for cohesive commitment to Public Health from top to bottom.

They recommended that the Department continue efforts to strengthen the Public Health program at UH and that we undertake campaigns to market the Public Health program at UH to potential student populations on campus, in the Public Health community, to UH administration and advisors, and to the community at large.

University support for rebuilding a School of Public Health

The University administrations have been supportive of the redevelopment of a School of Public Health. This intent to return to a School of Public Health was made clear even at the Board of Regents meeting where the proposal for the merger of the SPH into JABSOM was approved. The establishment of an Office of Public Health Studies with its own administrative structure, including a budget independent from JABSOM, was maintained. As stated in the Board of Regents meeting: "Because the goal is to seek the re-establishment of an accredited school of public health, this reorganization proposal attempts to maintain as much as possible the existing and relevant organizational structure of the SPH. This should facilitate its eventual re-emergence as a separate entity, either within or outside of JABSOM." This level of autonomy has allowed the Program to grow. Even now the Program is in the process of hiring a second faculty for environmental health with another position being discussed for fall 2007. The Chancellor's Office spearheaded a \$100,000 grant proposal with CDC to develop a strategic plan for redeveloping a School of Public Health. And just recently the leadership position for the Office of Public Health Studies was changed from Chair of the Department to Director of the Office of Public Health Studies in order to more clearly reflect the organizational structure of the Program. The future of the Office of Public Health Studies looks secure on its path to becoming an even stronger Program while working with the administration towards the goal of reemerging as a School of Public Health.

More challenges faces the Office of Public Health Studies in this upward path but it is an exciting time of growth and development. UH's Public Health Program ideally located to

maintain its strong focuses its main themes of reducing health disparities, training, researching, and serving Hawaii, Asian and Pacific Islanders and promoting a healthier Pacific Rim. If you are interested in connecting with UH's Office of Public Health Studies, please check out the [website](#).