THE REAL GROUND ZERO IN THE FIGHT FOR SURVIVAL

A new study reveals that the skills being deployed in the global battle against COVID-19 can be traced to a handful of U.S. academic programs

As Americans heap well-deserved praise and gratitude on the many individuals and institutions that have proved indispensable during the COVID-19 pandemic, they might want to add a few names to their thank-you list, starting with Harvard University, Johns Hopkins University, and the University of Michigan.

A just-released analysis reveals that those universities were — in that order — the top three producers of the senior academic administrators who are now shaping our nation's public-health workforce.

Nearly 15 percent of the leaders in the study earned public-health graduate degrees from Harvard. Johns Hopkins and Michigan, meanwhile, were the educational launch pads for 12 percent and 8 percent, respectively.

In other words, Harvard, Johns Hopkins, and Michigan, collectively, trained more than *one-third* of the men and women now running the colleges, schools, and programs that, by virtue of their accreditation, confer internationally recognized degrees in public health.

In all, the study identified two dozen universities that played a disproportionate role in molding this cadre of 21st century thought leaders and decision makers.

The others on that list: the University of California-Berkeley; the University of North Carolina; the University of Washington; the University of Minnesota; UCLA; Columbia University; Ohio State University; the University of Illinois-Chicago; Tulane University; the University of Maryland; the University of Alabama-Birmingham; the University of Texas at Houston; Yale University; Boston University; the University of South Carolina; Indiana University; Purdue University; the University of Florida; the University of Pennsylvania; the University of Pittsburgh; and Texas A&M University.

Brown University

COVID-19 is shining a spotlight on dedicated professionals who typically toil in anonymity — not only because they wear identity-obscuring protective gear but also because they bear responsibilities that most of us would prefer not to contemplate.

Indeed, although a total of 212 universities around the world contributed to the educations of the senior administrators featured in the study, those 24 U.S.-based institutions account for 55 percent of the public-health graduate degrees awarded to those individuals. (Until relatively recently, formal public-health education was almost exclusively the domain of graduate schools.)

"It's notable that the leadership of such a high-profile, heavily populated academic discipline would have such a narrow educational lineage, especially when the discipline has a geographic focus — and footprint — as broad as public health's," said Jeffrey G. Harris, MBA, founder and managing partner of Harris Search Associates, the global executive recruiting firm that produced the study.

"After all, public health is, by definition, a field with both a worldwide makeup and a worldwide mission."

THE BEST AT GIRDING FOR THE WORST

Collectively, 24 U.S. based universities produced a majority of the senior administrators who are now running academic programs that train public-health professionals.

Rank	Institution	Degrees
1	Harvard University	84
2	Johns Hopkins University	66
3	University of Michigan	48
4	University of California, Berkeley	41
5	University of North Carolina	36
6	University of Washington	32
7	University of Minnesota	28
8	UCLA	27
9	Columbia University	21
10 (tie)	Ohio State University	17
10 (tie)	University of Illinois, Chicago	17
11	Tulane University	15
12	University of Maryland	14
13 (tie)	University of Alabama, Birmingham	13
13 (tie)	University of Texas, Houston	13
13 (tie)	Yale University	13
14 (tie)	Boston University	12
14 (tie)	University of South Carolina	12
15 (tie)	Purdue University	11
15 (tie)	Indiana University	11
15 (tie)	University of Florida	11
15 (tie)	University of Pennsylvania	11
15 (tie)	University of Pittsburgh	11
16	Texas A&M University	10

Harris said the study's findings are "a testament to the handful of colleges and universities that made the decision decades ago to make public-health education a priority — and to make the commensurate investment in faculty, facilities, and programming."

There from the beginning

The outsized influence of the schools in question is no doubt attributable to a variety of factors, including their widely recognized instructional prowess and their reputational drawing power. Johns Hopkins, for example, has held the top spot in *U.S. News & World Report*'s ranking of public-health programs since 1994, when the list made its debut. In the magazine's most recent ranking, Harvard is No. 2 and Michigan is tied for No. 5.

Another factor: sheer longevity. Public-health programs have mushroomed in recent years, but, throughout most of the 20th century, individuals seeking a formal education in the field had limited options. It's only a slight exaggeration to say that if the occupational forebears of today's public-health educators possessed a graduate degree in public health, it *had* to have come from a small pool of pioneering institutions.

Academic public health — at least as we know it — didn't exist until the early 1900s, when several universities moved to formalize instruction in subjects such as sanitary engineering, industrial hygiene, and general health promotion.

In 1912, Samuel Zemurray, a businessman whose success in the produce industry had earned him the moniker "Sam the Banana Man," put up money to establish the School of Hygiene and Tropical Medicine at New Orleans' Tulane University. Altruism wasn't Zemurray's sole motivation: An outbreak of yellow fever was threatening to cut into his profits in Honduras and other banana-rich countries.

A year later — and 1,500 miles away — the Harvard-MIT School of Health Officers opened in Boston. The intercollegiate partnership offered courses in preventive medicine at Harvard Medical School, sanitary engineering at Harvard University, and allied subjects at MIT. In 1922, buoyed by a sizable grant from the Rockefeller Foundation, Harvard's program cut ties with MIT. It later split from the Harvard Medical School, becoming an independent academic unit in 1946.

The Rockefeller Foundation's initial foray into disease control and prevention had come in 1918, when, amid a global outbreak of what was dubbed the "Spanish flu," it funded the creation of a program at Johns Hopkins University in Baltimore. Accordingly, the Johns Hopkins School of Hygiene and Public Health had the distinction of being the first formally endowed school of public health.

Tax dollars began flowing into the field in the 1930s. In fact, the biggest driver in the development of public health as a distinct academic pursuit may have been the Social Security Act of 1935, which not only increased funding for the federal Public Health Service but also provided grants to the states to develop their own public-health capabilities and to establish minimal qualifications for health workers. The federal government recommended at least one year of graduate education at an approved public-health program.

The federal government's newfound interest in, and support for, public-health education wasn't lost on state-affiliated schools such as the University of Michigan, which had awarded its first MS degree in public health in 1915 and its initial PhD in the subject one year later. Recognizing the opportunity at hand, Michigan expanded its disease-prevention degree offerings and began laying the groundwork for a freestanding program that would be on a par with its well-established schools of Medicine, Dentistry, and Pharmacy. The Michigan School of Public Health would formally open in 1941.

By 1936, according to a 2003 report by the National Academy of Sciences, 10 schools were offering public-health degrees or certificates requiring at least one year of residence: Johns Hopkins, Harvard, and Michigan, as well as Columbia University, MIT, the University of California-Berkeley, the University of Minnesota, the University of Pennsylvania, Wayne State University, and Yale University.

It stands to reason that those institutions and other long-established programs would, over time, produce more graduates — including, presumably, graduates with the interest, intellect, and initiative necessary to scale the hierarchy of academic public health. Indeed, together, the 24 schools identified by the study as the field's educational pillars have produced more than 200,000 public-health professionals. Harvard, Johns Hopkins, and Michigan alone account for some 55,000.

The scope of the study

The analysis by Harris Search Associates focused on colleges, schools, and programs that belong to the Association of Schools and Programs of Public Health (ASPPH) and have either earned accreditation from the federally recognized Council on Education for Public Health (CEPH) or at least begun the accreditation process. One hundred twenty-two institutions meet those criteria.

Researchers examined the academic backgrounds of the individuals who lead those 122 programs: deans, associate/assistant deans, and department chairs/heads. That cohort numbers 571 people.

"Several hundred academicians have been entrusted with the awesome responsibility of producing the planet's next generation of public-health professionals — a responsibility that's particularly crucial at a time like this," said the study's lead author, Richard A. Skinner, PhD, a two-time former university president who now serves as senior consultant for Harris Search Associates. "Despite the profound, if not existential, role they play in American higher education — and, more broadly, in human society — these men and women are all but unknown outside their field."

Skinner said the analysis is an attempt to learn more about those educators — "to put a face on the people *behind* the people behind the masks, if you will."

More specifically, he said, the study was designed to answer several key question: "Who, precisely, are these academic leaders? Where did they complete their educations? What specific interests lured them into the broader public-health field? What motivates them? What educational tools do they need to succeed?"

Among the study's other findings:

- The men and women shaping public-health education in the 21st century appear to be occupational trailblazers: In spite of their often-overlapping educational backgrounds, they traveled no single pathway to the pinnacle of their field. Although many rose through the academy, others reached their positions via executive roles within healthcare networks, foundations, think tanks, state health departments, or federal agencies such as the Centers for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH).

- More evidence that the field's top educators aren't following the same career map: The administrators in the study represent no fewer than 52 subject-matter concentrations, or specialties — from anthropology, nutrition, and communication disorders to athletic training, law, and translational toxicology. (For context, the ASSPH recognizes 65 areas of specialization within public-health programs in the United States.)
- Fifty-one percent of the administrators are women, making public health something of an outlier among health-related disciplines, which tend to have male-dominated leadership. In medicine, for example, according to the Association of American Medical Colleges (AAMC), women account for just 18 percent of deans and 19 percent of department chairs.
- Although academic public health has been successful in attracting women to its leadership ranks, the same can't be said of its recruitment of other members of historically underrepresented populations. As in many of the professions, including medicine, the leadership of academic public health doesn't come close to reflecting the general population in terms of race or ethnicity. Eighty-seven percent of the discipline's senior administrators are white. African-Americans, Asians, and Hispanics, meanwhile, represent only 5 percent, 5 percent, and 2 percent, respectively.

Harris said the "staggering" lack of diversity in the upper echelon of academic public health warrants a separate, more detailed analysis.

"For now, suffice it to say that this degree of leadership homogeneity is more than an affront to basic notions of equality, inclusion, and social progress," Harris said. "Over time, if uncorrected, it will limit the nation's ability to deal with large-scale public-health challenges."

Harris cited the argument that former U.S. Surgeon General David Satcher, MD, PhD, advanced in a 2008 essay in the journal *Public Health Reports*. "I think we need to create the kind of environment in which people who are training … to be public health leaders learn in a racially and ethnically diverse environment so they know how to handle diversity in our society," Satcher wrote. "I think one of the ways that people learn diversity is by getting to know people from different racial/ethnic backgrounds. They get to know their life history. They get to know what makes them sick. They get to know their strengths and weaknesses."

The bottom line

The collection and evaluation of the foregoing data is not simply, well, *academic*. The resulting insights may have considerable practical value, now more than ever.

The novel H1N1 coronavirus that surfaced late last year has infected some 3 million people, claimed more than 215,000 lives, and stretched the world's already-fragile public-health infrastructure to the breaking point.

The most critical challenges, however, almost certainly lie ahead, thanks to the inevitable emergence of new diseases and to a public-health workforce shortage that was triggering alarms long before the first case of COVID-19 was diagnosed. Job vacancy rates run as high as 20 percent in the United States, and the World Health Organization projects that an additional 18 million public-health workers will be needed, worldwide, by 2030.

Put another way, frontline public-health professionals have never been so crucial to the ongoing battle to preserve humankind. The same, of course, goes for the academic administrators who arm those fighters with their most potent weapon: an education. ■

About Harris Search Associates

Harris Search Associates is a leading global executive search and talent advisory firm. Established in 1997 by Jeffrey G. Harris, the firm focuses on the recruitment of senior leaders to support the growth of the universities, research parks, institutes, national laboratories, academic health centers, and other organizations driving innovation and discovery. Based in Dublin, Ohio, a suburb of Columbus, Harris Search Associates maintains regional offices in Dallas and San Francisco. The firm is a member of IIC Partners, one of the world's largest executive search networks, with 48 offices in 33 countries.

About Richard A. Skinner, PhD

Richard A. Skinner is senior consultant at Harris Search Associates. He formerly served as president of Clayton State University in Atlanta and as president and vice chancellor of Royal Roads University in Victoria, British Columbia. Dr. Skinner also was senior vice president for programs at the Association of Governing Boards of Universities and Colleges. He holds doctoral and master's degrees in government and international studies, both from the University of South Carolina.