



College of Public Health
Education Committee

Date: 1/17/2018

Time: 2:00 – 3:00 pm

Location: Dean's Conference Room

MINUTES

Primary Members Present: Steve Mlynarek, Chair (EOH), Janice Zgibor (EPB), Cheryl Vamos (CFH), Alison Oberne (UG), Ismael Hoare (for J Corvin)(GLH), Etienne Pracht (HPM)

Education Work Group Members Present: Foday Jaward (EOH), Donna Haiduven (for Ismael Hoare) (GLH), Jacqueline Wiltshire (HPM), Skai Schwartz (EPB)

ETA Work Group Members Present: Anna Armstrong (by phone)(CFH), Donna Haiduven (GLH), Sandhya, Srinivasan, Zachary Pruitt (HPM), Rene' Salazar (EOH)

Administration Staff Present: Tara Greer, David Hogeboom, Melanie Wicinski, Sandhya, Srinivasan

Student Members Present: Joannie Bewa

Guests Present: Aurora Sanchez

The meeting was called to order at 2:00 PM. Unless otherwise noted, all votes were unanimous.

1. Reorganization of the College

This meeting was called specifically for faculty to discuss reorganization of the College.

The committee was invited to present ideas regarding the future structure / organization of the College. Dr. Mlynarek informed the participants (17) that the members were expected to speak freely.

He noted that the Primary members and heads of the EC work groups had met on 1/16/18 and a preliminary outline of a solution was presented.

Ideas/questions shared during the meeting:

How are we to present ourselves to the community? How will the community view us?

- *Areas of expertise*

Discussion followed regarding how areas of expertise were different from the current departments

- *Suggestion to define areas of Public Health and where we reside in it*
 - *Individual*
 - *Community*
 - *Global*
- *The following suggestions were discussed:*
 - *How stakeholders, community partners, and students might find us was discussed.*
It was suggested that we set to the stakeholders and then adapt internally
 - *Should we consider*
 - *Areas of excellence?*
 - *Areas of support? Specifically, research, service, etc.*
Some faculty expressed concern that not all functions are related to service or academics.
 - *Mimicking health department configurations?*
 - *Choosing Foundational Competencies, followed by clusters of specialty?*
 - *New CEPH competencies combined with areas of excellence – where they intersect would provide some guidance on new departments.*
 - *Competencies or Professional specialty?*

Reorganizational Expertise

Faculty expressed concern that they (faculty) have the expertise to be objective enough to reorganize. Suggestions were made that an outside consultant be hired to assist with the reorganization. Another faculty member expressed the idea that this meeting was to provide feedback and that the administration would make the final decisions. Some faculty expressed concern that they felt overwhelmed by the impact the reorganization might have on grants, recruiting and other functions.

History

Multiple faculty felt we should research why we were in 5 departments and how those departments were formed and why they didn't work before trying to reorganize. It was suggested that ideas may look good on paper, but unexpected issues may arise without knowing what the College is trying to repair. Other indicated that the faculty needed clarification on what the new purpose was in order to provide a new structure. Dr. Mlynarek indicated that two main goals had been expressed: 1) To hold to the spirit of innovation at USF; 2) To improve ratings in community, such as the US News & World Report ratings.

Other Institutions

Some faculty expressed concern over being the first to go through this process and wanted to know how the change might set us apart – either positively or negatively. One faculty member

suggested that we view what the top 5 rated Public Health institutions were doing and determine if any of their processes might assist our College.

Public Relations

Some faculty wanted clarification if the “Our Practice is our Passion” would remain. Some indicated that might be the driving mechanism to reset the departments.

Presented Matrix

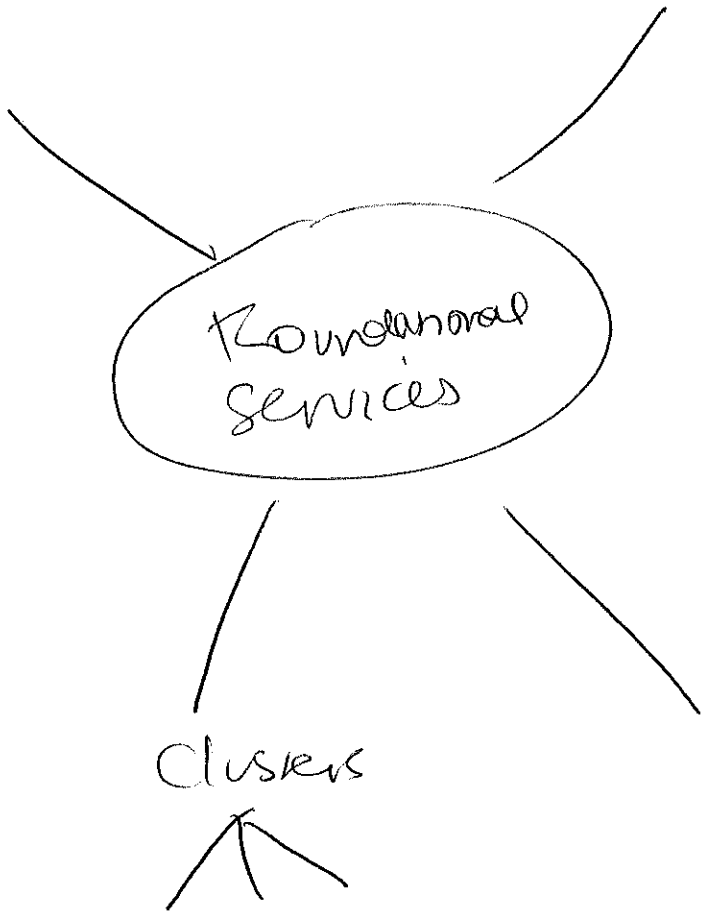
Dr. Mlynarek presented a model developed in the 1/16/18 meeting. Concerns were expressed over verbiage used and it was suggested that additional strategic research be done to ensure that the wording used doesn't hinder student interest.

2. Other Business

None

Adjournment: 3 PM

Figures relating to the reorganization, and comments received are presented on the following pages.



Foundational Services

ETIA

Undergrad

Research office

Statistics

Admin

Finance

T
R
S

Stakeholders

Students

Faculty

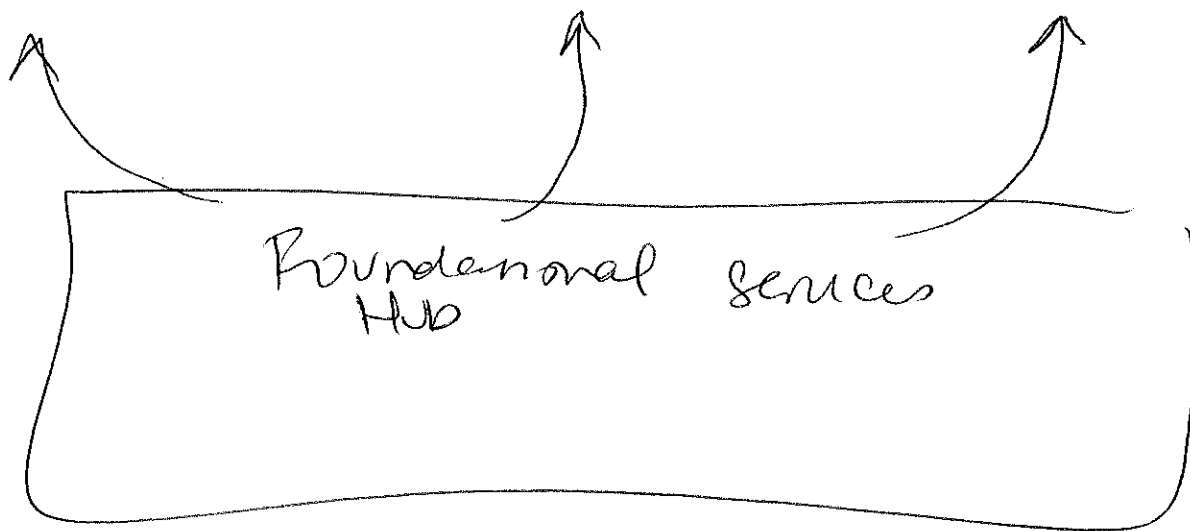
Funders

Community

Teaching

Research

Service



When I googled public health, this is the definition I got. I think it is from U Pitt.

Public health is defined as the science of protecting the safety and improving the **health** of communities through education, policy making and research for disease and injury prevention.

I think this is a great definition that we can begin to work from;

For a reorganization to be innovative (if that is truly the goal?) I would envision something that challenges and moves away from any semblance of departments (i.e., clusters, concentrations, etc.) as this is just giving it a new name. That said, this type of innovation would be uncomfortable for many as it would require dramatic change (especially within the organizational culture).

Ideas...

1. Collaborative teams (cross-cutting – disciplines, expertise, research, service, teaching, etc.) while difficult to conceptualize and operationalize – what would happen if we put folks together on teams that traditionally haven't worked together – and perhaps aren't sure how, but by forging interactions, we arrive at a new model – for example, where those who teach can translate from the research into the curriculum. Pulling a bit from the idea of a learning organization, these teams would constantly evolve – perhaps with members rotating in and out (across multiple teams) or using a rapid feedback/iterative approach (used in tech, but I've been on teams that use this in community application) to their work together (both internally, across teams, and externally, etc.). This would take a lot of work – but I envision this being at the more innovative end of the spectrum of possible “designs.”
2. As some were saying the in meeting, I also like the idea of organizing by either 1) the major PH functions, 2) perhaps embedded within a social ecological model or 3) concentric circles representing this model with some cross cutting elements.

Anything else would seem to be just calling a department something different, which is essentially what I see across all of the other schools/colleges of public health – so how does that make us stand out? Or innovative? Our TMPH is a good model to grow from (and after teaching as part of the team – we are always improving, changing, etc.).

I say go big or go home (but I'm a fan of change).