

BEHIND THE MASKS

Several hundred U.S.-based academicians have been entrusted with the awesome responsibility of producing the planet's next generation of public-health professionals. Where did they come from, what motivates them, and what do they need to succeed?

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The Ebola outbreak that ravaged Guinea, Liberia, and Sierra Leone six years ago triggered an unprecedented response from the world's public-health community. All too

aware that 21st century contagions have no respect for mountain ranges or oceans, never mind manmade geopolitical borders, a small army of doctors, nurses, and scientists converged on West Africa. There, in an all-out bid to stanch the virus before it could spiral out of control, these men and women engaged in the medical equivalent of hand-to-hand combat. They ultimately prevailed, of course, but not before the outbreak killed some 11,300 people, including more than 500 health workers.

Time magazine would name the disease fighters its "Person of the Year," shining a bright light of global acclaim and gratitude 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.

"Not the glittering weapon fights the fight, says the proverb, but rather the hero's heart," *Time* Editor Nancy Gibbs wrote in an essay explaining the selection. "Maybe this is true in any battle; it is surely true of a war that is waged with bleach and a prayer."

With global health back in the headlines — thanks to the emergence of a deadly new coronavirus, labeled COVID-19 by the World Health Organization (WHO) — the time seems right to revisit the professional

calling that *Time* celebrated on its cover back in December 2014. However, current circumstances, including a looming worldwide shortage of health workers, cry out for a particular focus on another group behind the masks: academics who direct the U.S.-based graduate and undergraduate programs that produce public-health professionals. 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.

This report seeks to answer a few basic questions: Who are these academic leaders? How well do these individuals reflect the society they serve — in

gender, race, and ethnicity? What forces shaped them? Where did they receive *their* educations? What specific interests (e.g., genetics, nutrition, preventive medicine, environmental policy) lured them into the public-health field? What did they do before they assumed their current leadership positions? What motivates them? What do they need to thrive?

Needless to say, we all have a stake in their success.



As of this writing, public-health officials around the world are scrambling to respond to an outbreak of the coronavirus COVID-19. The death toll is mounting; already, the disease has claimed more lives than SARS (severe acute respiratory syndrome) did at its peak in 2003.

These officials are drawing not only on their professional experiences but also on lessons learned in university-based public-health programs, typically at the graduate level. Collectively, these individuals have amassed expertise in a wide range of specialties within the field of public health — everything from toxicology to nutrition, kinesiology to epidemiology, and infectious diseases to population and reproductive health.

It's no stretch, therefore, to conclude that these academicians and the programs they oversee will play a major role in dealing with COVID-19 — much as they did with H5N1 bird flu, mad cow disease, and Ebola, as well as health-related crises such as the contamination of the water system in Flint, Michigan.

Their most critical challenges, however, almost certainly lie ahead, thanks to a daunting shortage of public-health workers in America, where [job vacancy rates of 20 percent are not uncommon](#), and around the globe, where, according to the World Health Organization (WHO), [18 million additional workers will be needed by 2030](#).

The aim here is modest — namely, to provide a description of the demographic characteristics, educational credentials, and professional attributes of the several hundred men and women who lead U.S.-based programs, schools, and colleges that confer graduate and undergraduate degrees in public health.

The Data

This analysis focuses on the [122 institutions that belong to the Association of Schools & Programs of Public Health \(ASPPH\)](#), both accredited institutions and applicants for accreditation.

We reviewed the public websites maintained by these institutions to assemble a comprehensive leadership list that included deans, associate/assistant deans, and department chairs/heads, as well as departmental vice chairs, associate chairs, and directors. The exercise yielded a total sample of 571 administrators, plus two vacant positions. We did take note of senior leadership posts occupied by individuals whose titles incorporated “acting” or “interim.” Fifty-two people fell into that category — less than 10 percent of the overall sample.

The compilation of that overall sample required several judgment calls as to what administrative positions constituted leadership roles for purposes of this analysis. In academic public health, as in almost every other academic field, administrators often carry multiple titles, some of which defy easy classification. When confronted with disparate titles, we went with the most “formal” one — that is, the title most aligned with traditional academic nomenclature.

A more difficult decision involved the inclusion (or exclusion) of individuals described as directors or executive directors of projects, centers, and institutes. Although some of these sub-departmental units are large operations with complex missions, the absence of uniformly detailed descriptions of their missions and responsibilities led to the determination that their directors should not be included in the sample.

Findings

One of this report's more conspicuous demographic findings is the majority status of women in academic public health, as depicted in **Table 1**. This gender breakdown, which is fairly consistent across all leadership categories within academic public health, is a striking contrast to the relatively low percentage of women in the leadership hierarchies of, say, academic medicine and academic engineering.

Obviously, the issue of gender diversity within the leadership of academic public health is not simply, well, *academic*; it has myriad practical implications, especially for vulnerable female populations around the globe. One might presume, for example, that the relative prominence of women in the field's proverbial C-suite might translate, at some point, into a greater emphasis — worldwide — on women's health concerns such as reproductive health, maternal morbidity, and certain gender-specific cancers.

TABLE 1: NOT A MAN'S WORLD

Gender distribution of leaders in academic public health

Gender	Count	Percentage of sample
Women	289	51
Men	280	49
Total	569	100

ACADEMIC PUBLIC HEALTH *By the numbers*

61,453

Number of students enrolled in graduate and undergraduate programs affiliated with the Association of Schools & Programs of Public Health (ASPPH)

247,909

Graduate degrees awarded by ASPPH-affiliated programs from 1992 through 2016

73

Percentage of applications for admission to public-health programs that were submitted by women for the 2016-2017 academic year

19

Percentage of public-health faculty members housed in their institutions' epidemiology departments, making epidemiology the most common faculty specialization — just ahead of health policy and management (18 percent) and health education (15 percent)

46

Percentage of applications to all U.S. public-health programs in 2016-2017 submitted by individuals seeking a master's of public health (MPH) degree

10,902

Number of faculty members employed in ASPPH-affiliated schools and programs at the outset of the 2017-2018 academic year

50

Percentage of public-health faculty members who are women

10

Rank of public health among U.S. undergraduate programs experiencing the most explosive enrollment growth from 2008 to 2012 — a list dominated by engineering- and computer-related programs

1916

Year in which the United States' first independent graduate school of public health, the Johns Hopkins School of Public Health, opened to students

SOURCES: Association of Schools & Programs of Public Health (ASPPH); Council on Education for Public Health (CEPH); National Academy of Sciences; the Johns Hopkins Bloomberg School of Public Health

Although academic public health has been successful in attracting women to its leadership ranks, the same can't be said of its recruitment of members of other historically underrepresented populations. As in many of the professions, including medicine, the leadership of academic public health doesn't come *close* to reflecting society in terms of race or ethnicity, as detailed in **Table 2**.*

As Dennis Mitchell, DDS, MPH, vice provost at Columbia University, [noted in the higher-education podcast *Innovators*](#) and as I [echoed in *The Chronicle of Higher Education*](#), the imperative to achieve leadership is — or *should be* — rooted not only in morality and in employment law but also in the ongoing quest to deliver health-related services as effectively as possible.

Former U.S. Surgeon General David Satcher, MD, PhD, put it this way in an essay written for the journal *Public Health Reports*. “(I)f we are going to achieve the goal of eliminating disparities in health, we’ll need a diverse group of health professionals to accomplish it.”

TABLE 2: GLOBAL REACH, NOT MAKEUP

Racial/ethnic identities of leaders in public health

Race/ethnicity	Count	Percentage of sample
White	490	87
African-American	29	5
Asian	29	5
Hispanic/Latinex	11	2
Total	562	100

Diversity abounds — when it comes to *skills*

The scarcity of racial and ethnic minorities in the leadership of academic public health is especially disappointing given the broad diversity of subject-matter specialties embodied in the field's administrative cadre. The men and women in the sample account for no fewer than 52 areas of specialization, as shown in **Table 3**. (For context, ASPPH recognizes 65 areas of specialization within the public-health field.)

* The assignment of any one person from the sample into a racial/ethnic category was based on information contained in publicly available sources. It is therefore subject to error.

It's worth noting that academic public health is by no means static, as underscored by the occasional emergence of new areas of specialization. Just as epidemiology benefited from the regular collection of public-health data, the areas of biostatistics and bioinformatics have been buoyed by increasing access to digitized medical records. (*Innovators* podcasts by [Douglas Miller, MD, MBA](#), at Augusta University and [Philip Payne, PhD](#), at Washington University at Saint Louis address some of the opportunities and challenges presented by public health's embrace of electronic record-keeping.) Biostatistics and bioinformatics, in turn, appear to encourage more (and more-refined) examinations of health disparities among racial, age, ethnic, and socioeconomic groupings — a development that would seem to bolster the case put forth by another *Innovators* guest, Thomas Jefferson University's [David Nash, MD, MBA](#), an outspoken champion of "population health." Similarly, preventive medicine would appear to be a natural handmaiden to these developments.

TABLE 3: MULTIPLE PATHS TO THE TOP

Areas of specializations of leaders in academic public health

Specialization	Count	Cumulative	Percentage of all areas
Epidemiology	102	102	14
Health policy	75	177	24
Environmental policy	69	246	34
Biostatistics	66	312	43
Health management	53	365	50
Community health	42	407	56
Social and behavioral sciences	32	439	60
Global health	31	470	64
Occupational health	24	494	68
Population health	20	514	71
Bio and health informatics	19	533	73
Health promotion	18	551	76
Public-health practice	16	567	78
Preventive medicine/healthcare	15	582	80
Nutrition	12	594	82
Health behavior	11	605	83
Health services	9	614	84
Family health and medicine	8	622	85

Community engagement	7	629	86
Leadership	7	636	87
Health systems	6	642	88
Kinesiology	6	648	89
Infectious diseases	6	654	90
Assessment and evaluation	5	659	90
Genetics/genomics	5	664	91
Health disparity/equity	5	669	92
Innovation	5	674	92
Mental health	5	679	93
Reproductive health	5	684	94
Urban health	5	689	95
Exercise science	4	693	95
Geriatrics/gerontology	4	697	96
Health administration	4	701	96
Health education	4	705	97
Child and maternal health	3	708	97
Health outcomes	3	711	98
Immunology	3	714	98
Law	3	717	98
Rural health	3	720	99
Women's health	3	723	99
Applied health science	2	725	99
Communication disorders	2	727	100
Oral/dental health	2	729	
Tropical medicine	2	731	
Anthropology	1	732	
Athletic training	1	733	
Health economics	1	734	
Obesity	1	735	
Tourism, parks and recreation	1	736	
Small-animal medicine	1	737	
Translational toxicology	1	738	
Urban design	1	739	

A handful of schools have shaped the field

The wide range of interests and specialities embodied in the academic leaders in the sample can be attributed, in part, to the size and programmatic heft of the institutions that trained them. A total of 212 universities around the globe contributed to the educations of the academic administrators featured in this report, although a relatively small number of institutions — 23, all based in the United States — were responsible for 55 percent of the *graduate* degrees awarded to these individuals. The institutions in question and the number of graduate degrees they conferred appear in **Table 4**.

The United States’ dominance in the public-health arena serves to attract outstanding students from around the world, many of whom arrive as undergraduates and then remain to complete advanced degrees. This time-honored pattern has helped secure American higher education’s standing as the planet’s No. 1 distributor of master’s degrees and doctorates in public health.

Various metrics, taken together, suggest that the more than 5,000 postsecondary institutions that operate in the United States — and especially the nation’s 300-plus research-intensive universities — may have the capacity to increase, perhaps significantly, the number of public-health graduate degrees awarded to students bound for careers in academia.

Such an expansion, of course, would likely require increased support from state and federal governments — something that has been hard to come by in recent years.

Every rung on career ladder has significance

One final element of this analysis — an examination of the career paths traveled by the academic leaders in the sample — was predicated on the following notion: The “producer” institutions featured in **Table 4** — institutions labeled as such because of their prowess at graduating future academic leaders — are widely, if not universally, viewed as the mainstays of academic public health. Accordingly, one might expect that a graduate degree from one of these premier institutions would afford the bearer a good deal of upward employment mobility. Similarly, graduates of these programs would seem to stand a good chance of landing senior-level administrative appointments at universities other than those at which they earned their degrees — particularly institutions that aspire to join the top-tier of public-health education.

* A complete list of all 212 universities and institutes is available by contacting me at rick@harrisandassociates.com.

TABLE 4: BEST AT GIRDING FOR THE WORST

Where the leaders in academic public health earned their degrees

Rank	Institution	Grad degrees conferred
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	Ohio State University	17
10	University of Illinois, Chicago	17
12	Tulane University	15
13	University of Maryland	14
14	University of Alabama, Birmingham	13
14	University of Texas, Houston	13
14	Yale University	13
17	Boston University	12
17	University of South Carolina	12
19	Purdue University	11
19	Indiana University	11
19	University of Florida	11
19	University of Pennsylvania	11
19	University of Pittsburgh	11
20	Texas A&M University	10

Indeed, armed with the knowledge and skills gleaned from their graduate studies and from early experiences in academic administration, such graduates probably could have a significant impact at other institutions — either by initiating new public-health programs or by expanding those already in place. In other words, the institutions that have earned reputations as public-health powerhouses could, it seems, be leveraged, along with their graduates, to expand the “inventory” of U.S.-based institutions offering first-rate educations in public health.

In the absence of curriculum vitae for *all* of the academic leaders in the sample, details about previous appointments had to be extracted from brief biographical statements on the pertinent institutional websites, not all of which featured such information. Because the resulting data represent only about 17 percent of the total sample, this aspect of the analysis should be viewed with caution. Nevertheless, the available data do offer a sense of leadership mobility, as shown in **Table 5**.

Although no conclusions can, or should, be drawn from the limited data, the findings give rise to a few hypotheses that can be tested in the months ahead:

- The academy attracts individuals with “field” experience in public health, and it likely benefits from the relevance of that experience.
- Having attracted students, some universities are especially effective at conferring graduate degrees that enhance the academic mobility of the degrees’ recipients.
- Some universities that aren’t among the top “producer” institutions, at least at the moment, nevertheless provide appointments to faculty members who subsequently become academically mobile.

TABLE 5: WHENCE THEY CAME	
Where the leaders in academic public health worked previously	
Organization	Count
State public health departments, agencies	8
Federal government, including CDC, NIH	6
<ul style="list-style-type: none"> • Columbia University • Harvard University 	5
<ul style="list-style-type: none"> • Johns Hopkins University • University of Medicine and Dentistry of New Jersey • Virginia Commonwealth University • Foundations • Membership associations • Public schools • Private sector • Unaffiliated research centers, institutes 	3
<ul style="list-style-type: none"> • University of Michigan • University of Nebraska Medical Center • Yale University • Children’s hospitals 	2
Other universities	43

Academic public health awaits biggest tests

This is but the first cut of a more ambitious effort to understand the still-evolving field of academic public health — and to identify the most prudent ways to expand it. At this point, though, two things are abundantly clear: (1) Visionary leadership will be essential in the task ahead, and (2) the stakes couldn’t be higher — not only for the further development of public health as a vibrant academic endeavor but also, in a very real sense, for the preservation of humankind. ■

About Harris Search Associates

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