

Our Public Health History in Florida: Interview with Donna J. Petersen

Robert J. McDermott, PhD

Donna J. Petersen, MHS, ScD began her tenure as the fourth Dean of the University of South Florida College of Public Health on November 1, 2004. Prior to joining USF, she was Professor in the Departments of Maternal and Child Health, and Health Care Organization and Policy at the University of Alabama at Birmingham (UAB), School of Public Health. From 1996 to 2003, she was the senior associate dean for academic affairs at the UAB School of Public Health. From 1990 to 1995, she served as Director of the Division of Family Health at the Minnesota Department of Health. Dr. Petersen earned her masters and doctoral degrees from the Johns Hopkins School of Public Health. She has also held positions with the federal government and the state of Maryland and has served on numerous community agency boards and gubernatorial commissions and task forces. While in Minnesota, she served as adjunct faculty at the University of Minnesota School of Public Health. She has been a frequent lecturer on topics related to maternal and child health, health care reform, and systems change and leadership, and has provided extensive technical assistance and training to state health departments in the areas of needs assessment, data system development, and public health roles within evolving health care systems. She has devoted particular attention to public health responsibilities in monitoring health status, access, utilization, and quality of health care and in the areas of systems level accountability and the development of population-based indicators. She is the author of numerous publications, book chapters and a textbook on needs assessment in public health. She has been honored for her work by the American Public Health Association, the Association of Teachers of Maternal and Child Health, the National Healthy Mothers, Healthy Babies Coalition, and the Delta Omega National Public Health Honor Society. She was the 1996 recipient of the UAB President's Excellence in Teaching Award and is the 2003 recipient of the UAB School of Public Health Outstanding Public Health Service Award. This interview took place between May 18, 2005 and June 2, 2005.

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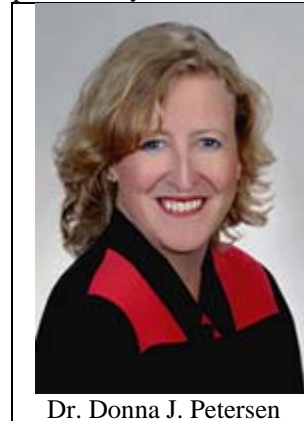
RJM: *You were selected from a highly competitive national search as the USF COPH's fourth Dean. What was particularly attractive to you about USF?*

DJP: As part of a dual-career couple with school-age children, I was interested in finding a place that would provide a stimulating work environment for both me and my husband and that would also be a great place to raise children. USF has a great reputation as a young vibrant institution and the USF COPH is well-known for its emphasis on professional development for public health, something I've championed for years. When I came to visit I was very impressed with the array of talent assembled at the COPH, the depth of faculty involvement in a host of research initiatives and the strong leadership of the University. I learned that there is much more going on here than the outside world knows about and great opportunity to grow and continue to do great work. I observed strong connections to the practice community and a high level of respect for what we do within the Health Sciences Center - a great combination.

RJM: *USF is in a major transition now as an institution. There is much more emphasis on graduate education and research. Unlike most of its sister colleges on this campus, the USF COPH only grants graduate degrees. What does the COPH have*

to do to fulfill the new institutional challenge of Research I excellence?

DJP: Our emphasis on graduate education makes it easier for us to focus our future efforts on discovery and scholarship - to contribute to the scientific knowledge base, to attract external funding, to test new hypotheses, to recruit outstanding doctoral students, to continue the cycle of research productivity - we don't have to shift gears, we just



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need to get better at what we already do. We need to strengthen the research infrastructure, increase efficiencies in our teaching and service work, link all three in a constellation of scholarship, support collaborative innovations, and generate enthusiasm for our efforts. We

already contribute to the University's goal and with some of the new faculty recruitments we have underway, and the progress we've made in securing additional support for doctoral students, we should continue in a positive course toward Research I excellence.

RJM: *Some faculty members have been disappointed that USF has never really surfaced in "rankings" of schools and colleges of public health, such as the one published by U.S. News and World Report. How important is it that USF gets that recognition?*

DJP: It is very important that we get recognition for what we do well, but I would like to think there are ways to do this beyond the *US New and World Report*. Still, as this particular ranking is "the one" everyone looks to, I agreed to serve on a committee of Deans of Schools of Public Health who are working with the magazine to infuse a dose of reality into the process in the form of objectively collected data. Right now, the ranking is based on subjective reports from an inconsistent list of representatives from schools and programs. By standardizing who is asked for these subjective impressions and adding data collected in a consistent fashion from all schools, the process will improve and our standing should improve as well. At the same time, we're looking at ways to tell our story more assertively and more broadly - in the local media, in the scientific media, supporting travel to conferences, encouraging faculty participation in national organizations, and so on. Our story is a good one and we need to take every opportunity to tell it. At the same time, the story is dynamic and needs to be continued. I look forward to both sharing our good news with others and participating in shaping the stories yet to come.

RJM: *As with a state institution anywhere, USF has both advantages and disadvantages. How does the USF COPH exploit its natural advantages and minimize or overcome its disadvantages?*

DJP: We have an extraordinary advantage in our relationships with the public health system in the State of Florida. We count among our alumni professionals in nearly every local health department, many hospitals and health care providing institutions, community organizations, and state agencies. I know of no other school of public health that can boast the linkages we have with our practice partners. We have another great advantage simply being located in Florida, a large state with a diverse population, filled with opportunities related to demographics, geographic and environmental factors, health system challenges, and proximity to Latin America. We have enjoyed being the only school of public health in the State for 20 years but with such status comes much responsibility. We have never been large enough or diverse enough to address the breadth of need that exists in this state. Given the wealth of possibilities out there for learning, for discovery and

for community engagement, we look forward to partnering with new schools emerging in Miami, Gainesville, and elsewhere, and creating focused areas of excellence within the USF College of Public Health that complement the work of other emerging schools of public health.

RJM: *The USF COPH has several endeavors in progress right now – any one of which could be monumentally challenging. For instance, the COPH is expanding its undergraduate initiative. It has made a large commitment to a program in India and is talking about outreach in places like Panama and elsewhere? Can USF do all these things well with its present resources?*

DJP: I am very optimistic that the energy and enthusiasm that exists for each of these initiatives will sustain them through the challenging growth phase that each is going through toward maturity. On the undergraduate side, our Curriculum Committee has merely approved packaging what we already offer into a minor, as a way of attracting students and rewarding them with something more than a few elective credit hours. These courses more than pay for themselves and provide opportunities for our doctoral students to gain valuable teaching experience. Frankly, we're behind other schools of public health, many of which offer full undergraduate degrees, though with USF's emphasis on Research I excellence, we are comfortable with this step while we continue to strengthen our graduate programs. Our program in India is in the forefront of U.S. public health efforts to strengthen public health education in India, one of the world's largest nations with the least developed public health infrastructure. Panama is a natural gateway to Central and South America and the Caribbean and provides an opportunity to reach students interested in public health education who find it too challenging to try to study physically in the U.S. It is also a natural laboratory for U.S. students interested in communicable diseases. Panama offers state of the art laboratory facilities, a well-functioning health care system, highly diverse ecosystems, and a range of community intervention sites from bustling urban centers to remote rural villages. We've been sending students there for field placements, quite successfully, and will be offering continuing education courses at the Ciudad del Saber this fall. We are preparing some collaborative research proposals with research colleagues there, and planning a symposium in August in conjunction with the Gorgas Memorial Institute. Each of these is consistent with our mission, and our efforts to build global health education and discovery opportunities,

and will enhance our reputation locally and abroad. Very exciting times!

RJM: *Can the USF COPH magnificently succeed as a research enterprise without giving up some of its investment in students and teaching excellence? How does one balance the two endeavors so that the institution is “researcher-friendly” but also adopts a “student-as-customer” philosophy?*

DJP: Ah, this is the challenge of the day – maintaining excellence in all missions while preserving quality of life for the institution and its faculty members. I would offer two observations. The first is that I’m not sure viewing students as customers is productive; I prefer to view them as partners in learning. Students bring much to us – it may be years of experience in the field or youthful enthusiasm but they both inform us and challenge us to continue in our efforts to lead in scientific discovery that is translatable to the practice of the profession of public health. Yes, we educate and instruct, but we do so in a dynamic learning environment. Our teaching evolves with our changing knowledge, part of which they contribute by joining us and by working with us. When you view it this way, you don’t divorce the research from the teaching – they are part of a continuum of learning. The second is that we need to guard against equating external funding with research. Research is about discovery and dissemination. To the extent that we need funding to support the work that leads to the discovery, having mechanisms in place to facilitate the generation of external dollars is critical. Having said that, we cannot afford to get in a situation where the need to write the next grant takes precedent over the need to publish and to present at scientific meetings. In addition, with the emphasis the Institute of Medicine (IOM) is placing on community-based participatory research and the desire of some of our community leaders to increase the immediate applicability of our research findings, it is also important that we share our work with the community in a true spirit of engagement – extending the learning from the scientific community to the classroom and into the community. Now, the hard part – our faculty members are already working hard and filling their time with teaching, mentoring, service and scholarship activities and we don’t have the option of simply dropping one of these functions. Given that we must perform them all, and perform them well, we must find ways to perform them more efficiently. We are working to build the research infrastructure to reduce the amount of busy-work associated with preparing funding proposals and to streamline the administration of grants once

received. We are about to embark on a review of our academic programs and curricula, with an eye toward increasing the number of students and credit hours produced but perhaps in fewer courses. I believe we have some room to move here, which should free up some time to engage in new scholarly pursuits or to build on work already begun. With all this comes a need to also examine our incentive and reward structure, to clarify or affirm what we value, and to assure that annual evaluations, merit increase decisions and tenure and promotion reviews are consistent with our mission and our values. Again, lots of good work to do in the next few years!

RJM: *Your career has permitted you to see public health from the perspective of a state department of health (Minnesota) as well as from the academic side. Each setting has its own culture. How can these two cultures move closer together and is there a catalyst somewhere for accomplishing that?*

DJP: This is a great question. These two cultures are about as different as they can be and still claim to be working toward the same common goal. I’ve worked in several state health departments and they can be exciting, dynamic, and motivating while also being frustrating, stifling and demoralizing. State health departments are governmental entities and are truly public institutions, made more so by the fact that their mission is public health - what we do collectively to achieve desired states of health. State health departments ignore the public at their peril partly because they are at the mercy of elected officials but also because these agencies can do very little without public acceptance. The best health departments I’ve seen are the ones that understand this implicitly, that invest despite the time it takes to excel at communication and involve stakeholders, because they know this investment pays big dividends when it comes time to make the tough decisions. State health departments struggle to base what they do on science in highly charged political environments and they are always seeking the latest evidence to support the best decision-making. They are also always seeking the best prepared professionals to hire and often find it very difficult to find people trained in public health to take these jobs. Schools of public health on the other hand tend to exist in a vacuum (though as I said before, USF is an exception). Faculty members enjoy the relative luxury of academic autonomy and can pursue whatever course of inquiry is of interest to them over extended periods of time. Like health departments, faculty in schools of public health typically come from other disciplines, but in an academic environment, the richness of knowledge and the

diversity of perspectives this brings to the collective effort are sources of strength. Faculty members aren't pressured politically to the extent that state agencies are, and our accountability to the public is less direct, though still present. As a professional school, we have some obligation to both lead and respond to the practicing professionals and though we live in different worlds and on very different schedules, there is an interdependence there that I think we could do more to exploit. We should be doing more collaborative research, we should be more involved in policy advocacy work, and our students should spend more time in state and local health departments regardless of the career paths they eventually choose. We should encourage public service by placing a greater value on it, and we should model good behavior by spending time in these agencies ourselves. They then in turn, might be more inclined to advocate for us and to share with others the value that we bring to their work. In too many states there is such a disconnect between the academy and the practice sides of public health that I'm not sure either would notice if the other disappeared. I don't believe this is the case in Florida, but I'm not going to be complacent about it! I'm planning to visit as many local agencies as I can in the next several months and am appreciative of the good relationship we enjoy with the Florida Public Health Association.

RJM: *After just seven months at USF no one can expect you to have an answer for every issue, but what do you think your greatest challenge will be as Dean?*

DJP: Interestingly enough, after seven months, I would have to say that my biggest challenge is being everywhere I need to be, advocating for the COPH and championing our interests; seeking opportunities and connecting our faculty to those opportunities; explaining to others what we do and how we can contribute to larger health sciences and University initiatives; responding to requests for collaborative relationships from everyone from the state health department, to local agencies, to pharmaceutical companies, to foreign institutions; spreading the word about public health, public health education, and public health scholarship to the community, elected officials, potential partners and future donors; and

remaining accessible and available to the COPH itself. So far, I've enjoyed all of this, though; this is a good challenge to have!

RJM: *All of our discussion up until now has been about academic stuff. Tell the readers about the "other" Donna Petersen – the person, mother, and wife. What is "she" like outside the world of academia? What music do you listen to? What is a recent book you read just for escape? What else helps you to escape or recharge when the demands of the job seem overwhelming and exhausting? What is a book you think that everyone who wants to know about "X" should read? If you could spend an evening with a famous celebrity or historical figure, perhaps over dinner, who would it be and what would you talk about?*

DJP: I feel very fortunate to have discovered public health. It has provided me with a wonderful career, ever-changing and filled with surprises. At the same time, I treasure my family and cherish the time I can spend with them. My husband Greg and I both love to cook and to entertain guests in our home. I play the piano, violin and viola and my daughters are also both musical - Kerry is doing a lot of composing, combining her love of music with her passion for creative writing, and Morgan is emerging as an outstanding pianist. Our house is always full of music - whether we're playing it, dancing to it, singing along, or just listening to it, and we listen to darn near anything (except maybe opera). I read a lot, and have recently discovered Robertson Davies - what a talent! My husband and I both enjoy historical murder mysteries - lots of good stuff out there. And as a family, we love to travel. I have two dogs that keep me moving - long walks every morning - and I stay in close contact with my sister and my parents, all of whom still live in my hometown of Buffalo, New York.

RJM: *Donna, there must be many days when you feel like you are being pulled in all directions. Your personal time is very valuable and with all the things on your plate right now, I thank you for taking the time to give some perspective on how you view your challenges and the future of the USF COPH. Congratulations and best of luck to you as you lead!*