

**School of Public Health Proposal
Chancellor Strom's and Dean Designate Ahluwalia's Responses to University Senate
Executive and Other Committees' Questions/Comments:**

The Executive Committee has commented that since this is a “work-in-progress,” many details, especially in department assignments, teaching responsibilities, administrative structure, budgets, and interactions among departments within the school, are vague or lacking. The lack of specificity and details in the plan will likely cause unease among some groups. A clear plan to keep faculty and staff informed of changes/decisions as they occur as well as a procedure to resolve individual or small group issues is needed to ensure a smooth process.

1. Clarify how any “ghost departments” will be eliminated. The dean/chancellor should check with the Senate before dissolving any departments.

Indeed the Department of Quantitative Methods is a “ghost department” which is being eliminated – no faculty member has a primary appointment in the Department of Quantitative Methods. The Department of Quantitative Methods is not a necessary department, and is duplicative with our existing department of biostatistics and department of epidemiology. The latter two departments are required for accreditation. And, of course, we have indeed checked with the Senate, via this process.

2. It is not clear how “not applicable” applies to responses to #14 (financial benefits) and #16 (long-term budget impact). Will, or should, there be savings if duplicate staff are eliminated? If there are truly duplicative staff, then they would be eliminated, and there would be a net cost savings. However, the SPH is undergoing growth and is in the midst of recruiting faculty. As such, it is quite possible that the so-called “duplicative staff” may be needed to support the growth.

How and when would decrease in staff occur? How many full-time equivalents are involved? Department of EOM has 20.5 FTE staff, of which 3.05 are administrative staff. The other staff are nurses, lab tech, etc. The Department of Preventive Medicine has 10.6 FTE staff, of which, 3.0 are administrative staff.

Are there multiple budgets that will need to be reconciled? [Please be prepared to discuss the budget on June 5.]

Yes. The budgets for the two departments, Preventive Medicine (NJMS), and Environmental and Occupational Medicine (RWJMS) have been prepared for FY16 and are planned to be moved into the FY16 SPH budget. Note that RBHS budgets are not yet finalized, however, so the final versions of these budgets are not yet available.

3. Has it been decided which faculty will eventually become members of what unit, and what their teaching responsibilities will be?

No, because faculty will voluntarily “apply” to the SPH, specifying their desired department, and their letter and CV will be reviewed by the SPH A&P committee for their appropriateness to be housed with a primary appointment in a School of Public Health.

Although curricula are not expected to change, does the restructuring affect course offerings/training and/or faculty teaching assignments?

Teaching responsibilities will be based on institutional need, geographical logic, salary coverage of the faculty member, and administrative responsibilities.

With a larger faculty, and a more cohesive faculty, it is likely that our course offerings in the future, however, will grow. Faculty teaching assignments of course change regularly, with or without departmental reorganization.

4. Noting that "both department faculty approvals were contingent upon the appointment of a new SPH Dean," has the faculty been polled since the appointment of Dean Ahluwalia? This is needed to ensure that all faculty are on board with the process.

The vote was held a year back and was unanimous (10-0-0) for one department and for the second department all but two part-time faculty and one tenured faculty (who has since retired), voted in favor of the planned reorganization. There was never a plan nor a request to reconduct a vote, but rather to have meetings with the incoming Dean. In total, the Dean has conducted over 25 group and one-on-one meetings over the past few months with these two departments and their faculty.

Nonetheless, any faculty members who may have changed their mind and are no longer on board with the process, need not move. This is being left as a choice for each individual faculty member.

5. Will the restructuring change the way in which the smaller Newark faculty and the main New Brunswick/Piscataway faculty interact? In what ways? By what mechanism will such interactions be facilitated?

Yes, they will change...for the better. The new Dean has already spent considerable time in Newark to begin this process. In addition, town hall meetings have been held to encourage a group and team mentality. Other ways to enhance the interactions are being implemented as well. For example, all search committees for new faculty are inclusive and include faculty who are geographically housed in Newark, New Brunswick, and span to our collaborative Centers/ Institutes (CINJ, IFH, etc). Committees such as admissions, etc will be unified as one and will be all inclusive, with committee chairs coming from all geographical locations. It is important to note that we now have faculty members housed in the SPH building in Piscataway, in the Institute for Health Building in NB, the Liberty Plaza Building in NB, in CINJ, and in Newark. Our faculty are also present to a small degree in Camden. As such, we are one SPH in different locations. The past situation and organizational structure actually limited the trajectories of some faculty, especially as it relates to research and team science, as the smaller faculty in Newark were further isolated by their academic home. The new structure should markedly improve their situation.

6. For faculty with primary appointments at RWJMS and NJMS whose primary focus is on classical public health, biostatistics/epidemiology, or occupational/environmental medicine, their integration into the SPH is natural. For some faculty in other areas (e.g., toxicology, whose faculty does more "basic" or lab research), however, there could be greater unease about the fit.

What mechanisms will be put in place to ensure that these faculty continue to have central support and encouragement, especially for MD and basic science PhD training?

The movement of faculty from these two departments is voluntary. The second step is the SPH A&P committee will review applications for appropriateness as it relates to being in a SPH. We do already have some faculty in the SPH who currently have a basic science lab, and their work has an excellent fit with the SPH. It is possible that some of the faculty in these two departments, with or without a lab, do not have a fit in the SPH – these latter faculty will then stay in their respective medical schools (or hypothetically move to a different school, e.g., the school of pharmacy) and have their faculty appointment in a department which is more logical for them.

7. What will be their relationships to the medical schools? If RWJMS and NJMS faculty move to SPH, will they have secondary appointments in the med schools, If it is appropriate and desired, absolutely yes. Dean Ahluwalia himself has a secondary appointment in the RWJMS in the Department of Medicine that is now being processed.

and will they continue their teaching in the med schools, which, for some faculty, constitutes the majority of their teaching?

If they would like to, and the respective medical school would need them to (which I suspect both would be the case – so yes). The medical schools are planning on paying the SPH for this teaching.

What will happen, for instance, at NJMS where there is a Residency program in Preventive Medicine, if there is no longer a Department of Preventive Medicine at NJMS?

The residency program would move over to the SPH. Nationwide, many Schools of Public Health are home to residency programs, especially in preventive medicine.

Note that the above question mentions the Preventive Medicine Residency, but does not mention there is also an Occupational Medicine residency at the RWJMS. This would also move over to the SPH.

8. Although faculty have been told they may choose to stay at their current schools, there seems to be a lack of details about how this would work. Would there really be appropriate departments for them to join in the med schools once their current departments are dissolved, particularly as we move to RCM accounting?

Yes – medical schools span a very large depth and breadth of science. For example, the RWJMS currently is home to the CINJ cancer prevention and control program which has behavioral and related PhD scientists in it – they are housed in a Department of Medicine, in Oncology.

9. This merger is coming as RBHS is instituting new evaluation procedures for faculty. Some faculty are uneasy about how their work will be evaluated when they transfer to a new school with a different mission and focus than the current departments in which they have built their careers.

This should not be an issue; the work of the two departments that are moving into the SPH is very relevant to the SPH, indeed more relevant than to the typical medical school. To the degree faculty still teach in one of the medical schools, keep in mind that the medical school is paying

the SPH for this teaching, so it becomes an appropriate SPH role, and this will still be an appropriate activity to be evaluated within the SPH.