Research Paper Healthcare

Public Health Education in India: A Need for a Change

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ABSTRACT

This Paper analyzes the present postgraduate public health education for the health programming and suggests some solutions for the institutes to adopt or adapt for improving the quality of their scholars, to fulfill the needs of public health in the developing countries and particularly in India. In the last few years there is a conscious shift in public health education in India with a few institutions (with medical and nonmedical background) initiating public health programs for both medical and nonmedical graduates.) There is a stark difference between the hype around higher education and the real picture as most of the universities/ institutions in India are facing shortage of quality teachers, lack of funds, obsolete curriculum, and wrong government policies. Public health teachers should assume to be high-level learners and are expected to devise mechanisms of interactions with the field of learning (individuals, families, people at large, community, implementers, supervisors, program planners, managers, and PH leaders) that engage MPH students for quick and appropriate learning so that the students utilize their creativity for interaction. To make students confident and committed, encouraging both personal and professional development is a value-add the institutions can take upon them.

KEYWORDS Master of Public Health, Public Health Education in India, Institutes offers MPH Program in India, Challenges in Public Health Education.

Introduction:

Public health is "the science and art of preventing disease, prolonging life and promoting health through the organized efforts and informed choices of society, organizations, public and private, communities and individuals" (1920, C.E.A. Winslow). [1] Public health education for long has been expected to find solutions for multitude of public health problems through building the capacity of public health workforce. [2] The focus on public health education came into consideration as early as the formation of the Bhore Committee, in the 1940s. The report of the Health Survey and Development Committee chaired by Sir Joseph Bhore emphasized upon the inadequate teaching of preventive medicine and public health in the medical student's undergraduate training, thereby highlighting the need and importance of public health education.[3]

Public health incorporates the interdisciplinary approaches of epidemiology, biostatistics, and health services. Environmental health, community health, behavioral health, health economics, public policy, and occupational health are other subfields. Public health is a network of government-funded and nonprofit services that monitor the health of the population, watch for emerging diseases, establish medical policies and practices, and make sure all citizens, rich and poor, have access to medical services.[4] It is said that "Health care is vital to all of us some of the time, but public health is vital to all of us all of the time." The mission of public health/community health is to "fulfill society's interest in assuring conditions in which people can be healthy." The three core public health functions are (1) the assessment and monitoring of the health of communities and populations at risk to identify health problems and priorities; (2) the formulation of public policies designed to solve identified local and national health problems and priorities; and (3) to assure that all populations have access to appropriate and cost-effective care, including health promotion and disease prevention services, and evaluation of the effectiveness of that care.

Public health comprises many disciplines such as medicine, dentistry, nursing, optometry, nutrition, social work, environmental sciences, health education, health services administration, and the behavioral sciences. [4]

Traditionally, when we talk about the public health education in India, we usually refer to postgraduate education (MD [Community Medicine/Preventive and Social Medicine], Diploma in Public Health [DPH], and Diploma in Community Medicine [DCM]) in medical colleges, which is primarily training in core public health without any specialization in specific areas of public health. Moreover the postgraduate courses are available for medical graduates only. [5]

In the last few years there is a conscious shift in public health education in India with a few institutions (with medical and nonmedical background) initiating public health programs for both medical and nonmedical graduates.)

I. Public Health (General Stream)-

List of institutions (not complete list) picking up both medical and Non-Medical graduates for MPH(General) are Tata Institute of Social Sciences, Mumbai; Asian Institute of Public Health, Bhubaneswar; Mahatma Gandhi University, Kerala; SRM school of Public Health, Chennai; Padmashree School of Public Health, Bangalore (Rajiv Gandhi University of Health Sciences); Datta Meghe Institute Medical Sciences, Nagpur; Sam Higginbottom Institute Agriculture Technology and Sciences, Allahabad; Manipal Academy of Higher Education, Manipal; Indian Institute of Health Management Research, Jaipur; Maharashtra University of Health Sciences, Nashik; University of Lukhnow etc.

II. Epidemiology and Biostatistics-

SRM School of Public Health, Chennai; Christian Medical College, Vellore, International Institute of Population Sciences, Mumbai, Krishna Institute of Medical Sciences University, Karad; Indian Institute of Public Health, Delhi, Hyderabad; Pravara Institute of Medical Sciences, Loni, Ahmednagar; Manipal Academy of Higher Education, Manipal; Tata Institute of Social Sciences, Mumbai etc.

III. Health Policy, Economics and Financing-

Tata Institute of Social Sciences, Mumbai; Indian Institute of Public Health, Delhi.

IV. Health System Management-

SRM School of Public Health, Chennai; Institute of Public Health, Bangalore; Indian Institute of Health Management Research-Jaipur, Delhi, Bngalore;

Indian Institute of Public Health-Delhi, Bhubaneswar, Gandhinagar, Symbiosis International University, Pune; Tata Institute of Social Sciences, Mumbai; Sam Higinbottom Institute of Agriculture, Technology and Sciences, Allahabad.

V. Public Health Nutrition-
Maharashtra University of Health Sciences, Nashik; Indian Institute of Public Health, Delhi; Annamali University, TN.

VI. Health care-IT/Health Informatics-
SRM School of Public Health, Chennai; Indian Institute of Health Management Research, Delhi; C-DAC (Center for Development of Advanced Computing), Pune.

VII. Occupational Health-
Department of Environmental Health Engineering Sri Ramachandra University , Chennai and Manipal Academy of Higher Education, Manipal.

VIII. Clinical Research-
SRM School of Public Health, Chennai; IIPH, Delhi

IX. Maternal, Reproductive and Child Health-
Sam Higinbottom Institute of Agriculture, Technology and Sciences, Allahabad; Manipal Academy of Higher Education, Manipal; Indian Institute of Public Health, Delhi; Karnataka University, Dharwad etc.

X. Public Health in Social Work-
Tata Institute of Social Sciences, Mumbai.

XI. Medical Sociology-
Dr MGR Medical University, Tamilnadu; Madras University, Chennai.

All the above said institutions either offer 2 years Master degree in public health or one year Diploma courses in Public health (General or with specializations). [6, 7]

There is a stark difference between the hype around higher education and the real picture as most of the universities/ institutions in India are facing shortage of quality teachers, lack of funds, obsolete curriculum, and wrong government policies. The main questions to be answered are as flows:

1. Will students doing their MPH (Master of Public Health) today be groomed to face these new scenarios, with limited resources to work with?
2. Will they be able to look at things from different pairs of lenses and derive meaningful and sustainable solutions?

Not many of the institutes as of now meet the requirement of developing core public health skills which is a matter of concern. These institutions can influence public health in the country in many ways. The key contribution would be through providing professionals with right attitude and skill-mix. The discipline, dedication, and determination required will be easy to inculcate among their students if the institutions are also practicing public health (in-field practice areas and hospitals). The best case scenario would be for these institutes to manage a revenue district and setting islands of excellence for demonstration and leading the national health initiatives in addition to teaching.

Other ways of influencing public health would be by participating in national health initiatives like NRHM planning, monitoring and evaluation, integrated diseases surveillance project (IDSP), Revised national TB program and National Vector Borne Diseases Control Program (NVBDCP), National AIDS Control (NACO for HIV/AIDS) program, the National Program for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS), etc. Unfortunately, not many of these institutes manage even a health center or a block.

This Paper analyzes the present postgraduate public health education for the health programming and suggests some solutions for the institutes to adopt or adapt for improving the quality of their scholars, to fulfill the needs of public health in the developing countries and particularly in India.

Materials & Methods:
Information pertaining to existing long term and short term teaching and training programs in public health and allied areas such as Health & Hospital Management, Health Policy, Health Economics, Heath Care Financing, Epidemiology, Medical Sociology, Clinical Research, Pharmaceutical Management in India were obtained by using systematic search strategies. Google search engine was used to obtain an exhaustive list of institutions offering courses in public health and the Modules which has been followed.

Discussion:
The public health specialists in India can be grouped into three categories based on the type of responsibilities they may be entrusted. Most of the specialists in the department of health and family welfare are PG DPH or MPH holders. They are expected to manage majority of health and FW programs that involve planning, oversight, monitoring implementation, and meeting the expected outcomes of the programs at district and state level. They need to be strong in translating the theoretical knowledge into concrete actions based on the environment (district/state/the health indicators, etc.) which they are working. They need to be more of facilitators of participatory learning for actions. The second set of specialists is teachers in the medical colleges and public health schools. Their mandatory skills include teaching and research methods, biostatistics, etc. The third group is of researchers who need to practice research methodology and build evidences. [8]

Globally, public health is growing fast as there are super-specializations like health management, hospital management, health economics, health human resource management, demography, health statistics/management information system (HMIS), health insurance, advocacy, bio design, information and communication, program communication, and information technology (IT) for health. MPH schools should give basic understanding of all these issues and create a solid foundation for further learning by individuals. There are also certain evolving areas like field epidemiology, integrated health program planning, state/district specific strategic analysis for investment in health, district (NRHM, IDSP, other national programs) action plans, facility-based surveillance and outbreak identification. Current public health affairs, health research, health economics, under nutrition puzzle, national health programs, disaster management, etc. cannot be incorporated in routine syllabus but it can be taught to the students by means of seminars, Journal Club and other interactive sessions.

In order to become a public health specialist, requires institutionalized attempts to facilitate lifelong learning by adopting an education system, which is learning oriented rather than teaching or a university degree oriented.

Learning occurs when an individual interacts with her/his environment (interaction) and develops mental schemes to capture the experience (acquisition). This leads to permanent capacity change, which cannot be attributed to biological maturation (age). Therefore, the central task of education is to implant a will and facility for learning. Public health teachers should assume to be high-level learners and are expected to devise mechanisms of interactions with the field of learning (individuals, families, people at large, community, implementers, supervisors, program planners, managers, and PH leaders) that engage MPH students for quick and appropriate learning so that the students utilize their creativity for interaction.

Challenges in providing Public Health Education:
New Course especially for non-medical graduates, Lack of Efficient faculties, Class room based teaching, Lack of proper infrastructure, No Field Practicum in the curriculum , lack of Problem/Evidenced based learning, Lack of Faculty- Student Interactions, lack of Field Postings, Lack of Hands- on Train-

ing, Lack of other Personal and Professional Developmental activities like Seminars, Journal Clubs , Healthy Debates etc. No Proper guidance to students about the Job Opportunities / future prospects about the course.

Solutions:

1. Syllabus should be modified based on student's Interest areas in Public Health, covers less of a classroom teaching and more of a practical learning. [9, 10]
2. Small group discussion with faculties should be a part of the curriculum.
3. Students should be engaged in pedagogy orientation while studying.
4. Seminars, Journal Clubs, Current Issues in Public Health should be conducted every week.
5. More Subject specific field postings should be arranged.
6. Secondary data/district plan of actions analysis and comments.
7. Media scanning for health/outbreak news and monthly debate.
8. Hands-on experience with Gross – root level workers like VHN, ASHA, AWW, ANM should be provided.
9. Postings with District officers like District TB Officer, Leprosy Officer, RCH officer, Malaria Officer should be provided.
10. Weekly postings in Primary Health Centers, Community Health Centers should be provided to have a better understanding of Health systems, Primary Health Care and National Health Programs implementation at the primary care level.
11. Field Visits to be arranged to Various National Research Institutes to promote public health research.
12. Counseling skills (role play followed by counseling patients/ health promotion among school children / specific protection).
13. Skill buildings in mothers/clients (ORS making hand washing, breastfeeding).
14. Integrated planning for NRHM and NUHM (service mode based).
15. Field visits to be arranged to National NGOs to understand the concept of Public private partnership and NGO Management.
16. Concept of Health Economics and Health Communication should be compulsory part of the curriculum, which is lacking in most of the public health schools in India.

Conclusion:

To make students confident and committed, encouraging both personal and professional development is a value-add the institutions can take upon them. It would be advisable to facilitate personal development with professional in the PG course period alone. Issues like defining career and personal goals, monitoring self learning and personal development, ensuring self health and fitness, diet and weight control, cardiovascular health, develop strong bones and muscle mass, flexibility, focus on the positive thinking, help them to get organized.

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