

Disability and the Curriculum in US Graduate Schools of Public Health

Historically, there has been an uneasy relationship between people with disabilities and academic and professional public health. With notable exceptions,¹⁻⁴ public health schools and programs have offered little to such individuals. Worse, many early programs had eugenic themes repugnant to people with disabilities.^{5,6} More recent programs have more subtle but no less troubling *euphenic* messages that appear to stigmatize disability.⁷ Consequently, people with disabilities have had little interest in public health programs or schools.

In the past decade, public health agencies and a few schools have taken a new interest in disability.⁸⁻¹¹ In recognition of this interest, the Centers for Disease Control and Prevention recently sponsored a national conference titled "Health, Disability, and Inde-

pendent Living in the Graduate Public Health Curriculum."⁷ In preparation, we undertook a national survey of the disability content of curricula in graduate schools of public health.

In June 1998, we mailed questionnaires (Table 1) to deans and directors of 35 schools and programs included in the listing of the Association of Schools of Public Health.¹² Cover letters explained the purpose of the survey, asked deans to either complete the questionnaire or direct it to a colleague, and included a request for copies of syllabi.

Thirty schools responded (85.7%). Eighteen reported 1 or more graduate courses dealing exclusively or almost exclusively with disability. Of these schools, 10 provide specific categorical treatments of disability and public health. Twenty-two schools offer courses dealing substantially with disability, and 10 have courses addressing systematic treatment of disability (e.g., in the context of courses on maternal and child health or aging and long-term care).

Furthermore, 3 schools have graduate concentrations: 2 of these schools focus on disability epidemiology, and 1 focuses on developmental disabilities. Four have multidisciplinary programs that highlight disability, addressing occupational therapy, internships at disability-related organizations, a doctoral program in physical therapy, and a track in developmental disabilities, respectively. Nine plan to increase coverage of disability, 5 of them by developing new courses and others by increasing offerings on developmental disabilities, establishing a doctoral program in physical therapy, and developing a concentration in disability.

On the one hand, the data suggest that most schools offer some coverage of matters related to disability, and some schools offer considerable coverage. A number plan to expand coverage. On the other hand, a minority of schools provide no coverage and appear to have no plan to do so. Moreover, each respondent determined his or her own definition of "disability." Careful examination of course syllabi suggests important gaps: most notably, systematic treatment of such topics as classification and measurement of disability, independent living centers and the independent living philosophy, the Americans with Disabilities Act, and the organization and financing of assistive technology and personal assistance as health services.

In summary, there is a clear need for more systematic and comprehensive coverage of matters related to disability in the graduate public health curriculum, both in dedicated courses and across the curriculum. To these ends, there is a corresponding need for educational resources that should be informed by a strong consumer perspective on disability and disabled persons' experiences and needs. □

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TABLE 1—Questions and Distribution of Responses to the Survey on the Status of Disability in the Curricula of Graduate Schools of Public Health: United States, 1998

Question	Yes, %	No, %
1. Does your school or program now have one or more graduate-level courses dealing exclusively or nearly exclusively with disability?	60	40
2. Does your school or program now offer other graduate-level courses that deal substantially with disability (for example, courses on aging and old age or maternal and child health)?	73	27
3. Do other components of your school or program's curriculum provide systematic treatments of disability? That is, more than occasional or passing references?	33	67
4. Does your school or program offer a graduate-level track or concentration in disability?	13	87
5. Does your school or program offer dual degree or multidisciplinary programs that highlight disability (for example, programs with physical or occupational therapy or psychiatry residency programs)?	10	90
6. Is your school or program currently planning to increase coverage of topics related to disability?	30	70

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Note. This paper reflects only the authors' opinions and does not necessarily reflect the official positions of the Centers for Disease Control and Prevention, the National Institute on Disability and Rehabilitation Research, Boston University, or the Boston Medical Center.

Contributors

R. H. Tanenhaus, A. R. Meyers, and L. A. Harbison contributed to the conception, design and analysis, writing, and approval of the final version of this research letter. R. H. Tanenhaus and L. A. Harbison had primary responsibility for data collection, data analysis, and manuscript preparation. A. R. Meyers designed the questionnaire and contributed to data analysis.

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References

1. Patrick DL. Rethinking prevention for people with disabilities, I: a conceptual model for promoting health. *Am J Health Promotion*. 1997;40:257-260.
2. Patrick DL, Richardson M, Starks HE, Rose MA, Kinne S. Rethinking prevention for people with disabilities, II: a framework for designing interventions. *Am J Health Promotion*. 1997;40:261-263.
3. Marge M. Health promotion for persons with disabilities: moving beyond rehabilitation. *Am J Rehabil*. 1988;2:29-44.
4. Seekins T, Smith N, McLeary T, Clay J, Walsh J. Secondary disability prevention: involving consumers in the development of a public health surveillance instrument. *J Disability Policy Stud*. 1990;1:21-36.
5. Pernick M. Eugenics and public health in American history. *Am J Public Health*. 1997;87:1767-1772.
6. Pernick M. *The Black Stork: Eugenics and the Death of "Defective" Babies in American Medicine and Motion Pictures Since 1915*. New York, NY: Oxford University Press Inc; 1996.
7. Asch A. Prenatal diagnosis and selective abortion: a challenge to practice and policy. *Am J Public Health*. 1999;89:1649-1657.
8. Pope AN, Tarlov AR. *Disability in America*. Washington, DC: National Academy Press; 1991.
9. Brandt EN Jr, Pope AN. *Enabling America*. Washington, DC: National Academy Press; 1997.
10. Mitka M. Enabling students to deal with the disabled. *JAMA*. 1999;281:595-596.
11. *ICIDH-2: International Classification of Functioning and Disability*. Geneva, Switzerland: World Health Organization; 1999.
12. Association of Schools of Public Health. List of ASPH member schools and programs. Available at: <http://www.asph.org/listsph.htm>. Accessed June 1, 1998.
13. Coughlin S, Katz W, Mattison DR. Ethics instruction in schools of public health in the United States. *Am J Public Health*. 1999;89:768-770.