

I write to oppose S.B. 83 in my capacity as Dean of The Ohio State University College of Public Health. The legislation, if passed, could jeopardize the ability of our college to maintain its accreditation with [the Council on Education for Public Health](#) (CEPH). Loss of accreditation would threaten the very existence of the college, with ripple effects that would negatively impact the communities we serve. These include all Ohioans, and people throughout the nation and world. These communities include women who have experienced domestic violence, new mothers and children of color who are experiencing high rates of mortality, and Appalachian communities devastated by the opioid epidemic. Further, and of critical importance to the well-being of *all* Ohioans, a loss of accreditation would diminish our capacity to reinforce the state's shrinking public health workforce.

The College of Public Health has spent the past 15 years positioning itself as a leader in research, practice, and education. We are currently ranked 19th out of 221 accredited schools and programs in the nation by U.S. News and World Report. The college's Master of Health Administration program, one of the most well-regarded in the nation, is ranked 7th. As a result of our rich programming, we are educating almost 700 undergraduate and graduate public health students, and our courses attract thousands of other students from across the university each year.

A core mission of public health is to identify and remediate health inequities in the interest of healthier futures for all. Our accreditors require student instruction and assessment of foundational knowledge and competencies regarding the causes, effects, and possible responses to health inequities. Accreditation does not require any professor or student to adopt a particular position or viewpoint relating to the required knowledge or competencies and is premised on free inquiry and engagement with those who have different perspectives.

As a dean and a public health educator, I'm deeply concerned about labeling core subjects in public health "controversial" and setting boundaries on how we teach our core topics. Either directly or indirectly, each of the examples listed in the legislation is either a major public health issue or is key to public health research, teaching, and service that is core to our mission. To be an accredited school or program of public health, we must teach what S.B. 83 labels "controversial" subjects.

Some examples:

- At the undergraduate level, we must deliver content and assessment related to the history of public health, which has been both a source of remarkable achievements in health outcomes and a source of discriminatory research abuse. Public health, for example, was directly responsible for the Tuskegee Syphilis Study, in which African American men were deceived and denied treatment for syphilis for 70 years. At other moments in its history, public health has minimized the ways in which access to wealth or education shape health outcomes. Our accreditors also require us to instruct and assess understanding of the factors that impact human health and contribute to health disparities. These are not limited to structural factors, but they necessarily include the histories of slavery, labor exploitation, colonialism, and environmental injustice.
- Graduate students must be able to "explain the social, political, and economic determinants of health and how they contribute to population health and health inequities." They must also be able to "discuss the means by which structural bias, social inequities, and racism undermine health and create challenges to achieving health equity at organizational, community and systemic levels." Again, this does not require students to adopt any particular viewpoints, but it does require that they have the freedom to consider, for example, the history and enduring consequences of redlining, the U.S. government's official sanction of racial segregation in housing. The discriminatory practice has had long-lasting consequences, including preventing Black people from transferring wealth from one generation to the next. This limits access to the opportunities that create health: medical care, green spaces, good schools.

Our accreditors, and field, set these requirements for two major reasons:

- Public Health is grounded in consistent and compelling evidence that underscores the ways that social, economic, and political conditions determine health outcomes. These conditions interact with race, ethnicity, gender, sexuality, ability, and immigration status, among other demographic aspects of identity. We see that at play in Ohio. It is for social and economic reasons that, year after year, [Ohio is at the bottom of national rankings for important health outcomes including](#) disparities in child poverty and in preventable deaths for both blacks and whites. The Ohio Valley and the Appalachian region have been among the hardest hit when it comes to “deaths of despair” related to mental health and substance use disorders. And the COVID-19 pandemic exacerbated those trends. Although the state has made some gains in infant mortality rates, [Ohio’s rates](#) remain high, and higher still for Black babies. These challenges cannot be understood or addressed without grappling with the consequences of deliberate efforts like redlining that were intended to sustain racial segregation and give legitimacy to systematic disinvestment in communities of color, leaving a legacy of more environmental exposures, fewer green spaces, and poorer schools.
- We must prepare students from various backgrounds to work with populations with diverse values and priorities. Our students — Ohio’s future public health workforce — must be able to successfully communicate and build trust in a wide range of social, political, and economic environments. Like you, we are also navigating this era of polarization over issues that stir deep emotional responses to science and policy. And the contexts in which our students practice as professionals will not be devoid of painful community disagreements.

Maintaining the public health workforce in our state is especially critical given that nationally nearly half of state and local public health employees left their jobs between 2017 and 2021. A recent study from [Health Affairs](#) has shown that our public health workforce continues to dwindle: If trends continue, we will have lost almost half of today’s workforce by 2025. These losses pose threats to the health of moms and babies, limit our ability to prevent substance use, erode efforts to decrease environmental threats to health and put us at risk for devastating consequences when new infectious diseases and other health crises emerge.

Part of our calling as educators is to challenge, disagree, even argue over evidence-based positions. Our accredited college of public health deeply values and embraces that hallmark of our scholarly community. And we are passionate about the work of advancing each and every member of our community, especially our students, as we promote research and teaching of substance, consequence, and impact. Should this legislation pass, our college’s future could be at stake, undermining the foundation of rich, evidence-based learning provided at The Ohio State University.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Amy Lauren Fairchild', with a long horizontal flourish extending to the right.

Amy Lauren Fairchild, PhD, MPH