

UNC Gillings School of Global Public Health
Department of Health Policy and Management

Reflections on the Department's 80th Anniversary:
Celebrate the Past, Build the Future

HPM Coming of Age: Challenges and Opportunities (1967-2000)

October 2016

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HPM COMING OF AGE: CHALLENGES AND OPPORTUNITIES

In 1967, The Department of Public Health Administration* was one of 10 departments in the UNC School of Public Health. The departments encompassed the full range of public health activities, including maternal and child health, health education, mental health, parasitology, public health nutrition, public health nursing, epidemiology, biostatistics and environmental and engineering sciences.

Fred Mayes, MD, MPH, was dean of the school, and Morris Schaefer, DPA, recently had been appointed chair of the Department of Public Health Administration. Schaefer arrived in July with extensive experience with the New York State Health Department and the World Health Organization.

The department was authorized to prepare students for Master of Public Health, Master of Science in Public Health and Doctor of Public Health degrees. Faculty members were aligned with various autonomous programs, including medical care administration, public health administration, accident prevention, rehabilitation and dental public health. Each program had a small cadre of students, and teaching and service were the primary focus. Scholarly research and publication were not a major departmental activity. Research was considered to be the core function of the departments of epidemiology, biostatistics and environmental sciences and engineering.

**Over the years, the name of the department changed several times – from health administration (HADM) in 1968, to health policy and administration (HPA) in 1987, to health policy and management (HPM) in 2009-2010.*

The late 1960s was a period of major changes in health care and brought unprecedented challenges for the university and its role in the state and the larger global community. Several exciting initiatives within the University would have important implications for the department:

- In June 1968, the University submitted a proposal to the newly formed National Center for Health Services Research to establish the UNC Center for Health Services Research. The proposed center would be an interdisciplinary effort involving the schools of medicine, public health, dentistry, nursing, pharmacy and social work; the Institute of Government; and the departments of sociology, political science and economics.
- The proposal requested funding for seven years, at a cost of more than \$9 million, to “explore and evaluate alternative ways to provide optimum personal health services to all the people of communities.” It outlined four complementary, interrelated types of research activities – monitoring and surveillance, experiment practice interventions, community studies, and economic, legal and financial studies.

The center proposal included several specific research proposals, one of which was from the newly named Department of Health Administration. The proposed research was under the direction of John Gentry, MD, MPH, and was titled “Determinants of Components of the Health Care System.”

Gentry had joined the department in 1965 as professor, associate dean and director of the Medical Care Administration Program in the department. As associate dean, he was part of a group, along with Robert Huntley, MD, and Frank Williams, MD, from the medical school, who developed the center proposal. All three had a long-standing interest in the determinants of components in the health-care systems.

As the center proposal was being developed, Gentry was in conversation with Arnold Kaluzny, a fourth-year doctoral student at the University of Michigan, regarding a possible faculty position. As the discussion proceeded, Jay Glasser, PhD, an assistant professor in the UNC Department of Biostatistics, joined the telephone conversations. The proposal was refined and submitted as Appendix I in the UNC center proposal, with the study objective to assess the implementation of innovative health-care programs in hospitals and health departments.

In June 1967, Kaluzny joined the UNC faculty as an assistant professor, “subject to the availability of funds.” The core proposal for the UNC Center for Health Services Research was approved and funded along with the proposal by Gentry, Kaluzny and Glasser. The rest, as they say, is history.

Appendix I provided visibility for the research potential of the department and the foundation for subsequent research, documented with numerous scholarly publications, within the department and the newly formed UNC Center for Health Services Research. The research also provided the stimulus for the

departmental initiative in doctoral training in what is now known as health services research.

- The Carolina Population Center, established in 1966 with the appointment of Moye Freymann, MD, MPH, as director and professor in the Department of Health Administration, is a community of scholars and professionals collaborating to advance population research and health on a global scale. Initially organized as an interdepartmental/inter-school center within the University, the “Pop Center,” as it often is called, has expanded in size and scope to become the largest center currently on the UNC campus.

The Center received initial core funding from the State of North Carolina and funding from various grants, including from the Ford Foundation, Rockefeller Foundation and USAID. Through its multiple funding sources, the Center developed a worldwide network of institutions that provided technical assistance to develop research infrastructure in support of population and family planning research and interventions.

One early initiative was the development of a population management curriculum. The program, directed by Freymann and Sagar Jain, PhD, recently appointed assistant professor in the UNC Department of Health Administration, aimed to prepare mid-career professionals in the management of family planning and population programs. Students were selected from various governmental and nongovernmental organizations, such as the Ford Foundation, Population Council, and various population and family planning institutes around the world. It was a two-year

residential program culminating with a Master of Public Health degree in health policy and administration.

- The school itself also was undergoing significant change as it tried to align with the rapidly changing world of health services and its own service commitments to North Carolina. In 1970, UNC Chancellor J. Carlyle Sitterson formed a commission to assess the role of the public health school in meeting the challenges of a changing health system and to determine how best to provide services to the people of North Carolina (Korstad, 1990). As is still the case today, issues of organizational structure and the appropriate balance of teaching, service and research were the issues of the day.

Bernard Greenberg, PhD, professor and chair of the Department of Biostatistics, chaired the commission, which included other faculty members from the school and throughout the University. The commission's recommendations included both structural realignments of existing departments and the implementation of new program initiatives, such as a baccalaureate program in public health. Many of the recommendations were controversial and never implemented; an exception is the Bachelor of Science in Public Health program, established in the health policy and management department. To date, the program has more than 1,000 alumni, many of whom have gone on to graduate training in public health specialties or medicine and who have assumed leadership positions in public health and health-care organizations.

With the arrival of Morris Schaefer, DPA, as chair of the Department of Public Health Administration, primary attention was given to a curriculum review, the development of a core curriculum and a more generic approach to health services administration. Perhaps this was reflected best in the department's name change to "Department of Health Administration." While the department retained the program structure, the reduction of categorical program funds emphasized the need for a core curriculum in administrative functions and skills and dramatized the need for additional faculty members in economics, finance and research methodology.

The review also recognized the department's need to develop its research capabilities and attract doctoral students and additional research faculty members. In 1968-1969, the department developed and submitted a proposal to the UNC Graduate School to implement a doctoral research training program, in what now would be called health services research.

The proposed UNC Doctor of Philosophy (PhD) research training program was modeled after the University of Michigan's PhD program in medical care organization. The four-year residential program focused on the systematic study of the structure and function of health services delivery, guided by a theoretical perspective based in a specific social science discipline, such as sociology, economics or political science, and grounded in in-depth training in research methodology appropriate to the disciplinary field.

The initial submission to the Graduate School was rejected, revised, resubmitted and again rejected. In retrospect, the timing was premature, as the department did not have sufficient faculty members

or experience to support research training at the PhD level. However, the implementation of the UNC Health Services Research Center and the funded Gentry, Kaluzny and Glaser proposal (Appendix I) provided the opportunity to adapt the existing departmental Doctor of Public Health degree to a research training program. Kaluzny was appointed director of the program and remained in the position until 1987.

Schaefer was receptive to the revised approach, as well as to recruiting additional faculty members who could expand the research capacity of the department and support the revised core curriculum. James Veney, PhD, a sociologist, was recruited. At the time, Veney was director of research for the Blue Cross Blue Shield Association in Chicago, expanding the methodological base for the program and the department's core curriculum.

Dan Beauchamp, PhD, a political scientist from Johns Hopkins with an interest in drug and alcohol abuse, joined the faculty at about the same time. Over the next five years, the department was able to recruit William Zelman PhD (finance), David Zalkind, PhD (operations research), and Ken Wing, JD, MPH (law).

Recruiting an economist was essential but proved to be especially difficult. Within the academic community at the time, health economics was considered a marginal subspecialty, and Vice Chancellor Cecil Sheps, MD, MPH, had required that candidates for the position have a joint appointment in the UNC Economics Department and the public health school's Department of Health Administration. While the health administration department was able to interest a number of excellent and well-qualified candidates, none were acceptable to the Department of Economics.

Finally, in the late 1970s or early 1980s, the UNC Department of Economics recognized that health economics was an important area of economics. The pool of interested and qualified candidates expanded, and the departments were able to recruit some excellent economists, including Roger Feldman, PhD, Debbie Freund, PhD, and Tom Rice, PhD, all of whom were given joint appointments.

The presence of doctoral students and faculty members involved in various research projects required a support structure. Again, modeled after the University of Michigan, the department designated a reference room within the department and recruited Jean Yates to catalog and provide ready access to every study, article, book or clipping that dealt with medical care organizations, health economics, policy, etc.

Schaefer again was very supportive. Jean Yates, who had been a graduate student in the UNC Department of City and Regional Planning, joined the department as the reference librarian. She became a good friend and made a tremendous contribution to the department and the emerging research program, and doctoral students enrolled in the program.

In 1973, Schaefer stepped down as department chair, and Sagar Jain, PhD, was appointed as department chair. Jain continued the support of the DrPH doctoral research training program, and in 1975-1976, the department once again resubmitted the proposal to authorize a PhD degree program in the department. This time, the department was able to leverage accomplishments of students in the DrPH program to document an expanding research funding base, numerous peer-reviewed publications, and outstanding faculty and department

commitment to support the PhD authorization. The PhD authorization was approved as presented.

Over the years, the PhD program/curriculum has undergone various revisions, but the core remains the systematic study of health-care delivery, grounded in a disciplinary base supported by appropriate research methodologies. Graduates have assumed academic and policy positions throughout the world, and the program is recognized as one of the outstanding health-service training programs in the country.

The PhD authorization permitted the department to focus upon the training of students interested in health services research. It also permitted the DrPH authorization to return to its primary focus of advancing the practice of public health within a community setting.

As described below, developments at the school level provided the opportunity to advance the practice mission of the department and the School.

EMERGING CHALLENGES: REDESIGNING THE DrPH

In 1982, the newly appointed dean, Michel Ibrahim, MD, PhD, was concerned that, despite there being excellent departments within the public health school, the School did not give appropriate attention to public health practice. He invited a number of faculty members to explore the feasibility of a practice-based DrPH. The committee was asked to design a curriculum and involve faculty members from various departments to participate in the initiative.

In 1985, the Public Health Practice DrPH program was implemented. The program, directed by Mary Peoples-Sheps, PhD, recruited mid-career professionals and required a one-year residency and off-campus dissertation research. Faculty members from several departments were involved in the program, including Bill Herzog, MPH, and Tom Ricketts, PhD, both from the Department of Health Administration.

While this was a beginning, the challenge was complicated further by the lack of an integrative school structure and set of academic programs that could transcend individual departments. This has been a continuing challenge for the school (Korstad, 1990) and, in the mid-1980s, became a major concern as the very rationale for a School of Public Health was being questioned.

Discussion centered on whether the university could realize considerable cost savings if departments within the school were to be re-assigned to other UNC schools. Epidemiology, biostatistics, nutrition and maternal and child health would move to the School of Medicine. Health policy and management would join the business school, and health behavior and education would move to the School of Education. Environmental Sciences and Engineering would be relocated at North Carolina State University. The question centered on the need for an integrating theme that would provide the rationale for the various departments to be part of the school – in essence, there must be a way to make the whole of greater value than the sum of its parts.

In 1987, Dean Ibrahim appointed a schoolwide strategic planning committee of tenured faculty members and requested that they focus upon the needs of the school as represented by their disciplinary perspectives – e.g., quantitative sciences, social sciences, clinical

practice, biology sciences, etc. -- *not* according to their departmental affiliation. HADM's Kaluzny chaired the committee, and Rachel Stevens, EdD, RN, from the Department of Public Health Nursing, served as co-chair. During that year, the committee deliberated and presented several alternative structures to provide a more integrative framework for the school.

As in prior attempts to restructure the school (Korstad, 1990, op site) none of the alternative structures were implemented in the form presented. However, in 1990, based upon the Strategic Planning Committee Report and discussion with the dean's cabinet, a matrix structure was adopted. The Interdisciplinary Curriculum in Practice Leadership (ICPL), recognized by the Graduate School as a department, was implemented at the public health school, and all faculty members interested in practice were invited to have a joint appointment in the ICPL. Stevens was appointed the ICPL director, and Kaluzny became director of the DrPH Leadership Program.

To fulfill the expectation that the DrPH in Public Health Leadership would be a schoolwide integrating academic initiative within the school, it was necessary to have participation of all the departments that offered a Doctor of Public Health.

Within that spirit, each department convened a department faculty meeting and received an onsite briefing and follow-up discussion describing the program, its rationale, function and contribution to the School. In the end, all departments offering a DrPH agreed to recruit and matriculate selected students who were interested in leadership training and its role within the larger context of public health. The Program enrolled several students from the respective departments,

with the largest number matriculated through the Department of Health Policy and Administration.

In 1997, William Roper, MD, MPH, succeeded Ibrahim as dean of the UNC School of Public Health. Dean Roper continued to support the matrix structure but noted that the demands of residential teaching, research and continuing education were beyond the capacity of the ICPL faculty (*Carolina Public Health, 2014*).

In late 1997, ICPL's practice component was moved to a newly created UNC Institute for Public Health Practice. Stevens was appointed Institute director. Kaluzny was appointed director of the newly constituted Public Health Leadership Program (PHLP), which was responsible for various practice-based academic degrees and certificate programs, including the DrPH in Public Health Leadership. William Sollecito, DrPH, a biostatistician who had served for many years as Quintiles International's vice president for the Americas, joined the PHLP as associate director and director of the DrPH Leadership Program.

Since its inception, the DrPH program functioned as a one-year residential program, followed by a dissertation based on an operational problem in the student's sponsoring organization. The creation of the Institute provided the opportunity for the newly created PHLP to expand its academic and certificate offerings involving students and faculty members, primarily from health policy and management. Upon review, it was determined that DrPH students would be better served through an executive format, in collaboration with the Department of Health Policy and Management.

The collaborative relationship never materialized. Changes in personnel and funding priorities resulted in the Department of Health Policy and Management's assuming complete responsibility for the DrPH Leadership Program.

The department redesigned the program and curriculum in an executive format. It has been well received and serves as a model for other schools throughout the country and around the world.

CLOSING THOUGHTS

As the department moves forward in meeting the needs of a changing health system on a state, regional, national and global scale, prior initiatives present an important perspective in meeting the challenges ahead. The department operates within a larger academic and practice community that provides a laboratory and unfolding opportunities for the systematic study of ongoing intervention and change.

The Department Health Policy and Management is well positioned with faculty resources to address the critical issues of the day. The dual doctoral programs provide the department with the opportunity to contribute to the worlds of both research and practice. Each provides a unique perspective and contribution, and numerous collaborative opportunities at points of overlap. Going forward, the challenge is for HPM faculty and students to be involved, closely aligned and in collaboration with our clinical and managerial colleagues across the full range of health-care provider and payer organizations.

REFERENCES

Korstad, R.R., *Dreaming of a Time, The School of Public Health, The University of North Carolina at Chapel Hill, 1939-1989.*

Carolina Public Health, Gillings School of Global Public Health, University of North Carolina at Chapel Hill, Fall 2014, Vol. 2, No. 6.

The author would like to acknowledge the editorial assistance of Linda Kastleman, who helped transform early drafts into a more polished product – one that attempts to capture the hard work and commitment of those mentioned, as well as many others who contributed to the department's becoming what it is today.

*--Arnold Kaluzny
Oct. 6, 2016
Chapel Hill, N.C.*