

## **Department of Health Services Response to Graduate School Review**

### **INTRODUCTION**

The Program Review Committee appointed by the Graduate School to review the PhD and MS degree programs in the Department of Health Services conducted its site visit May 18-19, 2006. An overview of the Committee's preliminary findings and recommendations was presented at the exit interview May 19. The formal Report of the Review Committee was completed June 26. The Health Services faculty discussed the preliminary findings and recommendations at its Annual Faculty Retreat June 16. The faculty again discussed the Report's recommendations and considered responses at its Faculty Meeting July 18. The Report was also distributed to the doctoral faculty and students in early July. It was discussed and responses crafted at a meetings of the PhD faculty July 11 and PhD students September 11. Drawing on these discussions, the Chair and the PhD program director drafted a formal response to the Report. This was discussed at length at the Department Faculty Meeting October 17, finalized by the Chair and Director, and is hereby submitted.

Overall, the Program Review Committee's assessment of the PhD and MS programs in Health Services was very positive. The Committee's Report concluded that:

In the first five years of the program's existence, the faculty offering the PhD has been able to accomplish a great deal with the resources provided. The faculty's excellence as researchers has been paralleled by the excellence of the PhD and MS curricula. The Committee believes the PhD program has the potential to become one of the top programs in the country.

The Committee recommended continuation of the PhD and MS programs, with the next review in 10 years.

The Health Services faculty is pleased with the positive conclusions of the Review Committee, and appreciates the constructive, insightful, thoughtful suggestions made for strengthening the program. The Report is seen as fair and clear in identifying the most important issues affecting doctoral education in the Department of Health Services, especially the constraint on moving from "good to great" posed by inadequate state funding and an overextended faculty. The faculty, students and staff were impressed with the professionalism with which the site visit was conducted, and wish to thank the Committee and the Graduate School staff for the thoroughness and helpfulness of the review. Special appreciation is extended to the Review Committee Chair, Professor Roger Roffman, for his leadership and for taking the extra time to meet with the Chair of Health Services to go over the self-study material at length. His in-depth understanding of the Department of Health Services, the Department's funding situation, and the strengths and weaknesses of the PhD and MS programs are clearly reflected in the quality and helpfulness of the Report.

Below are the Department's responses to the specific recommendations made in the Review Committee Report.

**Responses to Recommendations to Department of Health Services** (pp. 2-3 of Review Committee Report):

- 1. The committee commends the Department for establishing an Organizational Cultural Competency Work Group. The Department might attempt to continue to request bridge appointments from the University and make "cluster" hires of several faculty of color at one time. Minority supplement awards are available for many R01s and might be better utilized to support the first few years of a new faculty member's salary. The Department should consider as well continuing to collaborate with other units to make joint or adjunct appointments of faculty of color.**

The Health Services faculty is deeply concerned and discouraged by its lack of success in recruiting faculty of color. The Committee Report concluded that because of "the shortfall in state funding" in the Department "recruiting junior faculty is almost impossible." Tenure track positions cannot be offered, and recruitment is essentially limited to people who can bring their own funding. "This makes it very difficult to attract minority faculty for whom competition with other universities is intense."

Fortunately, the success of Professor Karina Walters (Social Work) in gaining University support for the expansion of the Native American Research Center, which she directs, included funds for the recruitment of a tenured faculty person with experience in public health research to be based in the Department of Health Services. This recruitment was successful in attracting Dr. Bonnie Duran, a Native American scholar, who will begin January 1, 2007. Several well-qualified but more junior Native American candidates were identified during the search process. The Department plans to seek bridge funding for another minority faculty person to work with Professors Walters and Duran in building the research program of the Native American Research Center.

The Department is aware of the NIH minority supplemental awards program, and in fact, a minority faculty member in Health Services was successful in getting two such awards in the past. We anticipate seeking this type of support whenever possible in the future, and likely in conjunction with the strategy of using bridge funding to recruit minority junior faculty mentioned above.

- 2. It will be important for the doctoral program to assume a more central position in the Department and be institutionalized to the extent that program leadership can be shared by others without any significant decline in program quality. The Chairperson is planning over time to reallocate resources from the masters programs to the Ph.D. program. The committee concurs, believing that in the current funding climate, the DHS faculty is overextended.**

We agree that the PhD program should assume a more central position in the department. The PhD program faculty are accomplished investigators and are recognized by the department as leaders in research. However, the PhD program is a recent addition to a department with a successful 30-year history of masters-level training and a strong track record of research, and

therefore due to previous allegiances and concerns about the use of scarce resources, the PhD program's contributions locally and nationally are not as highly valued by the department as is the case in other major health services departments in the U.S. where the PhD program provides the intellectual base for the department. The PhD program faculty would be pleased to assume a more central position in the department and would appreciate more resources from the department, school and university. The issue is how to make the PhD program more central without negatively affecting the masters programs.

The PhD program is eager to assume a more important role in teaching in the department. Masters degree program students who are interested in a career in program evaluation and research can be encouraged by their faculty advisors to take more PhD level courses. Department faculty could choose doctoral students over masters students to fill teaching assistant positions in the department for undergraduate and masters level courses. In addition, co-teaching positions could be strengthened so that doctoral students are involved in more regular courses and seminars for masters level students. The doctoral students would gain teaching experience and decrease the cost of teaching masters students.

The PhD program has a succession plan in place with an Associate Director who is gaining experience for later advancement. If the department had funds to attract junior faculty, these people could be groomed to assume responsibility for the program leadership in the future.

Actions taken by the Chair to cope with the overall inadequacy of instructional support in the Department have the effect of implicitly reallocating dollars from the masters programs to the PhD program. For example, an ongoing initiative to streamline the Department's course offerings by discontinuing or combining low-enrollment and less essential courses applies only to the Department's master degree programs. In addition, profits from the Department's self-sustaining MPH and MHA programs are used to support the Department's educational mission generally, not just the masters programs that generate these resources.

More fundamentally, however, the Chair plans to engage the faculty in a discussion about the Department's educational mission and priorities which in turn may lead to an explicit reallocation of resources. It should be noted, however, that the masters programs with a total annual enrollment of 200 have historically been the mainstay of the Department, and enjoy strong support by the faculty.

**3. The faculty may need to revisit the central intellectual foundations of the Ph.D. program in order to increase its competitiveness. Consideration may need to be given to the choice between problem-focused and discipline-focused training.**

The PhD program believes it is competitive with approximately 60 applicants for 6 positions. The admitted students have good experience, GPAs and GREs (see appendix 29 in Self Study).

With limited faculty support (1.4 FTE for 32 PhD students), it is not possible to offer discipline focused training in economics, sociology, and other fields. If funding was available and the department moratorium on new courses was lifted, we have the depth of faculty with interest in teaching these types of discipline based courses. After much initial discussion, we developed a

HSR based program with health services as an interdisciplinary field using theories and conceptual models from numerous fields in the core courses. This emphasizes the interdisciplinary nature of the field which the faculty and students recognize as a strength of the program. Support for a health services based curriculum can be seen, first, from the highest priority score on the AHRQ T32 Training Grant, indicating concurrence by external peers about the strengths of this model. Second, while many established health services programs at universities with strong financial support for teaching use a discipline-based approach, most new programs have adopted the HSR model with the assumption that the field is sufficiently mature to begin teaching its own content and methods.

For students who desire discipline-based learning, many are able to participate in courses in the home department of a discipline, such as economics, sociology, or psychology, as part of their Area of Emphasis for the PhD. Unfortunately, these departments do not offer health related courses. Students prefer the HSR based training and are concerned that if additional discipline based courses are required this will lead to a reduction in core focus, delay graduation, and increase tuition costs.

- 4. The committee has recommended that the University allocate funding to restore the value of a point<sup>\*</sup> and cover advising of first and second year students (see below). In addition to these funding modifications, however, the committee recommends that members of the faculty have a conversation about shared norms concerning “service” activities that are fundamental in higher education.**

The Review Committee clearly recognized the inadequate level of state instructional support available to the Department and the PhD program. One consequence of this is that faculty has few incentives to dedicate efforts toward University or professional service. Shared norms concerning service will be discussed at the Health Services Faculty Retreat.

The self-assessment document describes the Department's financial situation in detail (pp 21-25), and that will not be repeated here, except to note that 85% of the Department's total budget is funded from external sources (mostly research grants). The 15% state support for instruction has been stretched to the limit. And, a third of the RCR which comes to the Department from research must be used to supplement state support of the Department's teaching programs. The Dean was able to give the department some School state funds to establish the PhD program, but the amount was well below the budget submitted with the proposal to establish the program, and all agree the amount allocated falls short of providing adequate support for the program. The Review Committee concluded that “a funding shortfall exists for the PhD program” and noted that “the most remarkable feature of these programs is their ability to survive and, to some extent, thrive in an environment of difficult fiscal constraints and incentive structures.” The Committee recommended that the University allocate at least \$30,000 in permanent state instructional support to meet the most critical current needs of the program for more adequate support of faculty teaching and advising. While such new funds would be most welcome, a more substantial increase in state support is needed to address the program’s pressing needs for increased FTE faculty as described in the self-study document and for full time staff support.

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<sup>\*</sup> See attached for a description of the point system the Department of Health Services uses to allocate instructional funds to faculty for teaching and teaching-related activities.

In response to the Review Committee's recommendation regarding the need for more adequate funding support, the Dean has committed to make the funding needs of the PhD program a top priority in the School's budget request for the 2007-09 biennium.

- 5. The committee recommends that the doctoral faculty consider how the program might react to sudden shifts in the national policy agenda, including shifts in funding. The program should clearly build on its faculty strengths. At the same time, however, there is a need for a clearly articulated focus and vision that references those strengths but doesn't create the impression that this is a program that is simply a loose menu of options that correspond to current faculty interests.**

The program focuses on access, cost and effectiveness of health care in improving health of populations. The PhD program faculty and students believe that our particular area of expertise, and our niche for marketing, is the contribution of health services to population health and the reduction of disparities. The department and faculty react appropriately to shifts in national policy and funding, as illustrated by our focus on health care policy, management, population health and community health. A major strength of the program is the collaboration with the department research centers, e.g., Health Promotion Research Center, Center for Disabilities, Cost and Outcomes, the Resource Center for Health Policy, and with research organizations outside of the department, e.g., Veterans Affairs Health Services Research and Development, Fred Hutchinson Cancer Research Center, and the Group Health Cooperative Center for Health Studies.

- 6. Although the Ph.D. and M.S. programs could take more students if funds were available, caution should be exercised in overreaching in this regard. While funding is a key issue, mentoring, research opportunities and cohort solidarity are other considerations that define the quality of the doctoral training experience. Too many students can undermine these qualities.**

We agree with the Committee that too many students would stretch faculty further and undermine the quality of the PhD program. The MS program has only admitted one or two students per year and the faculty confirmed that they want to maintain that number in the future. The average doctoral cohort has been 6-7 students per year. By limiting the number of students, the program can ensure adequate mentoring, funding and research opportunities to students of high academic caliber.

- 7. The doctoral program will likely have to broaden its reach to consider students who are well qualified academically, but who may lack the health services or policy experience and advanced degree preparation that have characterized early cohorts.**

The doctoral program selects students with the best potential to be leaders in the field of health services research. In general, these students have good GREs, GPAs and experience in research. The program will continue to admit students from non-health services backgrounds (3 out of 40 to date), who do not have a masters degree (2), and who are from diverse backgrounds, racially, culturally, or socio-economically ( 7). Such students may need additional time to obtain

necessary skills to master the field of health services. One potential solution is to delay the preliminary exam for these students until the end of the 2<sup>nd</sup> year (currently, the exam is given after the 1<sup>st</sup> year). A second solution employed by other universities, is to offer summer or full year programs for incoming students to expand their skills before starting the PhD. If funding were available for faculty teaching and student financial aid, this would be an attractive idea.

**8. The Department should give particular emphasis to clearly communicating the vision and strengths of the PhD program on its website as a means of getting the word out.**

The PhD program has charged a committee with revising the website and describing the Program's vision and strengths, including its focus on the health services field as composed of multidisciplinary theories and concepts; rigorous training in methods; and an emphasis on population health and health disparities. The committee consists of three PhD students with an area of emphasis in bioinformatics, the department webmaster, and a faculty member with expertise in informatics. More student information will be posted on the program website, including student biosketches, photos, and research interests which will reflect the diversity in the program, as well as alumni publications and placement. The committee will consult with faculty from the Information School and other university IT resources.

**9. Faculty research profiles on the Department's web page should be updated more frequently to ensure that internal and external stakeholder have an accurate picture of the program and its faculty.**

Faculty pages on the website will be updated by using department staff to automatically update grant funding, publications, awards and honors. This information is available from faculty CVs that are updated for faculty review, departmental databases of grants, as well as publication searches by the departmental librarian.

**10. Information about research and teaching assistantship opportunities needs to be made more readily available to students in a timely manner.**

Currently information on research and teaching assistantship opportunities is sent via email to students and is also available on the department website and on a departmental bulletin board. It was suggested to post flyers for jobs in the elevators. Due to funding, it is difficult to know when research opportunities may arise. A potential solution is to have the department publish a list of grants under submission with RAs written in so that students can contact faculty in advance for work.

**Responses to Recommendations to the University** (pp. 3-4 of Review Committee Report):

**1. The committee recommends continuation of the Ph.D. and M.S. degree programs offered by the Department of Health Services, and further recommends that a subsequent review be conducted in ten years.**

**For the purpose of reviewing responses to the committee's recommendations made by the Department and the University, the committee recommends that the Department submit an interim report in three years.**

The Department is pleased with the committee recommendation to review the PhD and MS programs in 10 years. The Department will submit an interim report in 3 years.

- 2. The University will fail this Department if it doesn't provide energetic and highly competent development staff who can maximize the raising of funds from the private sector.**

The University Development Office has recently assigned to the School a full-time development officer, Judith Minton. Two support staff are provided by the Dean. Ms. Minton brings to the School a strong background in fund raising. She has "hit the ground running," and all indications are that she will provide energetic and effective leadership to School and departmental fund raising. The Chair and various faculty have met with Ms. Minton numerous time to discuss fund-raising opportunities specific to the Department and the PhD program.

- 3. To return the value of a point\* to 1% of salary for the ten core faculty of the Ph.D. program, the committee recommends that an additional \$16,000 of instructional funding be allocated by the University to the Department of Health Services.**

The Dean has committed to make the funding needs of the PhD program a top priority in the School's budget request for the 2007-09 biennium as one of the School's priorities.

- 4. To reinstate points\* for advising first and second year students, clearly a critically important service in the beginning phase of doctoral studies, the committee recommends that an additional \$14,000 of instructional funding be granted to the Department by the University.**

The Dean has committed to make the funding needs of the PhD program a top priority in the School's budget request for the 2007-09 biennium as one of the School's priorities.

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\* See attached.

**DEPARTMENT OF HEALTH SERVICES**  
**POINT SYSTEM FOR TEACHING AND TEACHING-RELATED ACTIVITIES**

**CLASSROOM TEACHING**

**~ 10 PTS FOR A 3 CREDIT COURSE**

| CLASSROOM TEACHING | CLASS SIZE |       |     |
|--------------------|------------|-------|-----|
| Credits            | 6-14       | 15-29 | 30+ |
| 1                  | 3          | 4     | 5   |
| 2                  | 6          | 8     | 10  |
| 3                  | 8          | 10    | 12  |
| 4                  | 10         | 12    | 14  |
| 5                  | 11         | 14    | 17  |

**MULTIPLIERS**

|  |                          |               |
|--|--------------------------|---------------|
| Class size   | 6-14                     | .8            |
|  | 15-29                    | 1.0           |
|  | 30+                      | 1.2           |
| C/NC or P/F  |                          | .7            |
| New course or instructor teaching course for first time  |                          | 1.2           |
| New distance learning course – development and teaching  |                          | 1.5           |
| DL   |                          | 1.2           |
| Number of instructors                                    | 1                        | 1.0           |
|  | 2 (co- or team-teaching) | 1.2 (.6 each) |
|  | 3 (co-or team-teaching)  | 1.2 (.4 each) |
| Course/seminar with 50%+ time guest speakers or students |                          | .7            |
| TA   | 50% time                 | .7            |
| TA   | 25% time                 | .8            |

**ADVISING**

|  |        |                   |
|--|--------|-------------------|
| Academic advisor   |        | 1 pt/student/year |
| Faculty advisor/mentor<br>(clinical scholar, post-doc fellow, career dev. awardee) |        | 1 pt/student/year |
| Master's thesis (points awarded upon completion)                                   | Chair  | 3 points          |
|  | Member | 1 Point           |
| Doctoral dissertation (points awarded upon completion)                             | Chair  | 10 points         |
|  | Member | 2 points          |
| Independent Study (HSERV 600)  |        | 1 pt/student/term |
| Practicum advisor  |        | ½ pt/term         |
| Attendance at track/program seminar (75% of sessions)                              |        | ½ pt/term         |
| Guest lecture  |        | 1/3 point         |



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**ADMINISTRATION**

|                        |                   |
|------------------------|-------------------|
| Chair                  | 25 points/year    |
| Program/track director | 10-15 points/year |
| Major ad hoc projects  | 5-10 points       |