

# **Report of the Program Review Committee**

**Ph.D. and M.S. Degree Programs  
Department of Health Services  
School of Public Health and Community Medicine  
University of Washington**

**June 26, 2006**

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**Site Visit: May 18-19, 2006**

## **Executive Summary**

In the first five years of the program's existence, the faculty offering the Ph.D. program has been able to accomplish a great deal with the resources they have been provided. The faculty's excellence as researchers has been paralleled by the excellence of the Ph.D. and M.S. program curricula. The breadth and flexibility of the PhD program are also among its strengths. The programmatic goals, the structure of the curriculum, and the expectations for students are well articulated. The several monitoring and evaluation processes that offer data for quality assurance set a high standard for the field.

The dedication and commitment of the core faculty associated with these degree programs are commendable. Dr. Diane Martin, the Ph.D. program director, is uniformly described with superlatives. She clearly is an exceptional leader.

The Committee believes the Ph.D. program has the potential to become one of the top programs in the country.

### **Principal recommendations to the Department of Health Services**

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.
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.
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.
4. The committee has recommended that the University allocate funding to restore the value of a point 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.
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.

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.
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.
8. The Department should give particular emphasis to clearly communicating the vision and strengths of the Ph.D. program on its website as a means of getting the word out.
9. Faculty research profiles on the Department's web page should be updated more frequently to ensure that internal and external stakeholders have an accurate picture of the program and its faculty.
10. Information about research and teaching assistantship opportunities needs to be made more readily available to students in a timely manner.

### **Principal recommendations to the University**

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.

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.
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.
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.

## **Introduction**

This is the first review of the Ph.D. program offered by the Department of Health Services. Students were first admitted in the Autumn Quarter of 2000.

The Department's M.S. program began admitting students once again in 1997 after a long hiatus.

**The Review Process.** Prior to its initial meeting on April 18, 2006, the committee received a letter dated April 11, 2006 from Vice Provost and Graduate School Dean Suzanne T. Ortega (see Appendix A) conveying its preliminary charge. The meeting was attended by all members of the committee<sup>1</sup>, Associate Dean Elizabeth Feetham (Graduate School), Associate Dean for Academic Affairs Frederick A. Connell (School of Public Health), and David Canfield-Budde, Academic Program Specialist with the Graduate School. Subsequent to that meeting, a letter from Dean Ortega and Associate Dean Feetham (dated April 20, 2006) provided a more detailed and specific charge to the committee (see Appendix B).

The committee members received and carefully reviewed the following documents:

- The Graduate School's "Guidelines for Program Review Committees"
- The proposal to establish the PhD program in the Department of Health Services (May, 1999)
- The report of the Health Services PhD Proposal Review Committee (September, 1999)
- The Department's response to the Health Services PhD Proposal Review Committee's report (October, 1999)
- Summary reports of Exit Questionnaires completed by masters and doctoral students in the Department of Health Services
- Questionnaires completed by Graduate School Representatives following general and final examinations of doctoral students
- The "Self Study Report for The Graduate Program Review of the PhD in Health Services"
- "Description of the Master of Science (M.S.) Program in Health Services"
- A document that describes the general requirements for completion of the MS degree and application procedures for that degree program
- A document that identified enrollment and placement information for M.S. degree students

Prior to the committee's site visit (May 18-19; see agenda in Appendix C), the committee members held additional planning meetings on May 1<sup>st</sup> and May 8<sup>th</sup>. Also prior to the site

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<sup>1</sup> The external reviewers participated by telephone.

visit, individual meetings were held with Melissa Austin, Associate Dean for Academic Programs (the Graduate School) (May 4<sup>th</sup>), William Dowling, Chair of the Department of Health Services (May 10<sup>th</sup>), and Fred Connell, Associate Dean for Academic Affairs (the School of Public Health and Community Medicine) (May 15<sup>th</sup>).

## **Findings**

**The General Quality of the Ph.D. and M.S. Degree Programs.** The quality of both the Ph.D. and M.S. programs is very high. This is due primarily to two factors: the quality of members of the faculty who have become involved in these programs and the emphasis on research methods. The latter is evolving into the common denominator of top doctoral programs in health services research, policy and administration. The M.S. program appears to be intended primarily for M.D.s who do not want to take the full M.P.H. core, including the public health practicum. It seems to be meeting this objective. Because the coursework is similar in the two programs, many of our comments about the Ph.D. program apply to the M.S. program, as well.

The national reputation of the Ph.D. program at this point rests largely on the reputation of the faculty. As Dr. Dowling noted, many health services researchers around the country are surprised to learn that the Ph.D. program at the UW is only five years old. The natural assumption, given the national reputations of the doctoral faculty, would be that the Ph.D. program had been in place for years. It is likely that the reputation and stature of the program will evolve naturally over time as its graduates are distributed in university and non-university research settings and establish reputations as productive researchers. To accelerate this process, the program needs to continue to keep the quality of students high and the training rigorous.

As noted by Dean Wahl, the Ph.D. and M.S. programs have met all of their enrollment targets for the first five years and could take more students if funds were available. Caution should be exercised, however, 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.

To sustain growth, the Department should give particular emphasis to clearly communicating the vision and strengths of the Ph.D. program on its website as a means of getting the word out. This is often the first impression that prospective students gain about a program and can spell the difference between a large number of applications and only a modest number. Such web based communications strategies are a particularly important equalizer to compensate for the relative newness of the UW program.

The view of the Ph.D. program's quality held by faculty and administration is uniformly positive. They see the program as having the potential to rise to national top tier status. Specific strengths include the impressive progress that the program has made in just five years; the "unique" combination of health policy and population health in the curriculum; the qualifications of the graduates and their ability to get the positions they want; and the

strong faculty support of the program, often in the face of inadequate state funding support of their time. The last point is worth of particular note. In the process of the review it was clear that the faculty have a strong dedication to the Ph.D. program. However, it was also clear that this dedication may have limits as the point system for allocating state funds for salary support (see below) does not give appropriate emphasis to many of the more intangible aspects of doctoral training and teaching. The committee is specifically concerned about how long the doctoral program can be sustained with the current level of enthusiastic support by its faculty without appropriate adjustments in the point system. Members of the faculty are somewhat discouraged due to insufficient departmental resources available for the Ph.D. program.

Students and alumni have a very positive view of the program, as well. Several members of the faculty were singled out for their excellent mentoring of students. Students are pleased with the degree to which they participate in program activities and the responsiveness of Dr. Martin and other faculty to their suggestions. Students did comment, however, that it is somewhat difficult to know what research projects specific members of the faculty are working on at any point in time. This may be due to the fact that members of the faculty are housed in a number of different locations. The students suggested that faculty profiles on the Department's web page could be updated more frequently. Students also expressed a desire for more coursework in "content" areas. That request will be difficult to meet, given the Department's moratorium on new courses.

Given that the site visit interview schedule concentrated on those individuals most directly involved with the Ph.D. program, it was difficult to obtain a sense of how the overall Department faculty view the Ph.D. and M.S. programs. The remarks of the Department chair and the relative newness of the program suggest that the program may be supported strongly by a core group of faculty and less strongly by other elements of the faculty. This is not a cause for concern at this stage in the program's development but should be considered as a relevant issue as the program matures. Ideally, it would be important for the 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 Department has an ambitious plan for monitoring the quality of coursework in the program. In addition to student evaluations, classes are subject to annual peer-review, including visits to the class by faculty charged with evaluating the course. (New instructors are granted a one-year grace period and the curriculum committee can waive some courses from being reviewed every year.). These processes exceed those employed by many other Ph.D. programs in health services and in many respects could be considered as the basis for setting the standard for the field.

**Intellectual Directions of the Department and its Ph.D. and M.S. Programs.** There are two foundations for the health services Ph.D. curriculum at the UW – rigorous training in health services research methods and a "problem-based" approach to the field of health services research. Health services research (HSR), like any applied field, benefits from the appropriate application of theory from traditional disciplinary-based

analytic perspectives (e.g., sociology, economics, and political science). However, contrary to some recent trends in top economics departments, for example, no one in HSR argues that problems of health behavior or health policy can be analyzed *purely* by the application of theoretical models and axiomatic reasoning. There is a strong *empirical* component to useful and well-informed research on health policy questions, as well.

The menu of methods that one encounters in HSR presents a challenge to all doctoral programs in this area. Students and faculty need to be familiar with mathematical statistics, sampling theory, and research design that often is characteristic of statistics and biostatistics departments. They also need a firm grounding in econometrics, which currently is the dominant statistical perspective in HSR. Finally, they need to be familiar with theories of measurement, survey design and latent variable modeling that usually are found in sociology departments. The UW has done a very credible job in drawing from these topics and giving the students a broad analytic perspective. Indeed the methods core of the program is commendable due to its breadth and depth of perspectives. As health services research broadens its analytic armamentarium to include, for example, qualitative as well as quantitative methods, the UW program seems to be well ahead of the curve. It is notable that the students interviewed saw the methods core as the major strength, if not the primary identity, of the program.

The second foundation of the curriculum – a problem-based approach to the coursework – is more controversial. Many HSR doctoral programs use the first years of coursework to introduce students to various theory-based analytic perspectives. Some programs even send their students off to those disciplinary departments for that coursework. HSR problems are viewed as applications of the theoretical analytic perspectives.

The UW program seems to be quite different in this regard. The program requires coursework in health economics but the remainder of the doctoral program seems to be focused on applications, and the applications of particular interest seem to be population health and social determinants of health. Specific topics include health disparities and issues of social justice. This orientation may be influenced by having social and behavioral science (SBS) in the same department as health services research and policy. Students do have the option of picking up a specialty in their “area of interest” (16 credits or five courses), but the only traditional discipline in the Department’s list of areas of emphasis (Tab 23) is economics / finance. The rest are substantive areas such as health promotion, maternal and child health, or global health. However, we were told that some students have taken courses in sociology or psychology, while others have earned certificates in topics such as health informatics or international health.

Population health and the social determinants of health certainly are laudable program foci, and funding for research on health disparities is relatively plentiful at the moment, but there are many other issues that could eclipse health disparities in the next few years, for example, the rough doubling of the Medicare population, state government’s unfunded liabilities for retiree health benefits, pressure on the state Medicaid program to fund long-term care services, patient safety, medical errors, bioterrorism, mandatory health insurance, and implementation of electronic health records. It will be important for

the doctoral faculty to consider how the program might react to sudden shifts in the national policy agenda, including shifts in funding. The program clearly should 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. One student remarked that the program lacked a clear vision. Such comments may signal that this is an issue for further consideration by program leadership.

In contrast to the methods core, which is both broad and deep, the problem based course work is more variable in its quality. Certainly allowing students the flexibility to take specialized courses in their area of interest is a worthy goal. However, the committee sensed that the benefits of this approach were variable across students and courses taken. No doubt this is due in part to the fact that these courses are offered outside the Department and are therefore beyond the direct control of program faculty and leaders.

In this regard, the breadth of faculty interests and, by extension, the intellectual focus of the Ph.D. program were viewed as both strengths and limitations of the program. On the positive side, the wide ranging interests of the faculty provide students with a vast "menu" from which to select appropriate faculty mentors and increase the chance that a good fit between student and faculty interests can be achieved. This, in turn, may make the program appealing to a potentially larger pool of applicants. On the other hand, such diversity may make it more difficult to come up with a clear identity or vision that distinguishes the program from other top tier health services research programs.

Admittedly, one difficulty with adopting a more disciplinary-based structure for the Ph.D. program is identifying faculty to teach the disciplinary courses. Basic doctoral-level coursework in economics, sociology and political science, for example, could be farmed out to the "home" departments, but we were told that there might be some difficulty getting students into those classes. (If so, it might be difficult for students to develop disciplinary areas of interest, as well.) Nor is it clear that having those disciplinary perspectives taught without any applications to health care or health policy is ideal.

Another alternative would be for the faculty within the Department of Health Services to offer coursework with a disciplinary, theoretical perspective. Unfortunately, the limitations in instructional funding have necessitated a moratorium on new classes.

**State Funding.** In the course of conducting its review, the committee considered three key aspects of the funding base for the Ph.D. program: (1) projections at the program's inception concerning its eventual FTE needs, (2) the extent to which salary assurance is afforded to faculty who offer the program, and (3) the intention and current reality of the point system in allocating state instructional funds.

Projections concerning FTE needs. The proposal to establish the PhD program called for 1.8 new faculty FTEs for teaching and direction at the point when the program had become fully enrolled. Full enrollment was envisioned as involving twenty students, and



the program now has twenty-nine. In the 2005-2006 academic year, the Department's support for the Ph.D. program was sufficient for 1.61 faculty FTEs.

Salary assurance. Unlike upper campus academic units where tenure track appointments and the assurance of full state funding for tenure-track faculty positions are the norm, the Department's funding base is not sufficient to award tenure to all faculty who otherwise are deserving. Moreover, the School of Public Health and Community Medicine has a policy of guaranteeing only 50% of the salary of tenured faculty. Thus, obtaining external funding for nearly every member of the Department's faculty is essential, not only for scholarly pursuits, but also for basic job security.

The point system. More than ten years ago, a faculty task force in the Department created a point system (see Appendix D) that was intended to provide a fair basis for allocating state instructional funds (GOF + about 1/3<sup>rd</sup> of the Department's RCR) in support of teaching, chairing or serving on PhD dissertation and master's thesis committees, some types of advising, some administrative duties, etc. Points are worth a given amount of money, or support, for the faculty member. When the system was established, a point was worth one percent of a faculty member's salary.

The self-study document notes that two modifications to the implementation of the point system have been necessitated because instructional funds have not grown commensurate with the growth of the Department's teaching: (1) the value of a point has steadily eroded by about 15%, and (2) points are no longer awarded for advising students in the first two years, supervising practica, supervising independent study for students from other academic units, guest lecturing, and serving on administrative committees within the University. The Department notes that these modifications have "demoralized the faculty and made them reluctant to take on more than the minimum amount of teaching and related work." It appears that when the point system was established, the faculty norm was to consider a number of scholarly activities not directly related to teaching (e.g., serving on study sections; reviewing grants or journal articles; serving on Departmental, School, University, or national committees; community service; informal mentoring of students; mentoring junior faculty or faculty and students outside of the Department; participating in seminars) as implicitly expected as academic responsibilities. The Department's chairperson notes that this norm is no longer widely endorsed among the faculty.

Consequences of the Funding Shortfall. Based on the three issues discussed, the review committee concurs with the Department's conclusion that a funding shortfall exists for the Ph.D. program. The shortfall in state funding for Ph.D. faculty has several problematic consequences which the committee believes converge to prevent the program from attaining the top tier status to which it aspires:

- (1) Recruiting junior faculty is made almost impossible.

The self-study document notes the following: "Only one associate professor in the Department is tenured, and the last four appointments/promotions to full professor

have been without tenure because of the shortage of state dollars. Faculty recruitment is essentially limited to people who can bring their own funding. This makes it very difficult to attract junior faculty, especially minority faculty, for whom competition with other universities is intense.” This is also true for some needed specialties, such as organization theory.

- (2) Expanding Ph.D. program course offerings is prevented.

The self-study document notes the following: “Because most faculty are dependent on external research funding for most of their support, teaching loads are relatively light. Many faculty would like to teach more if more instructional funds were available, and a number of identified needs for new courses have not been acted upon because of inadequate funding for instruction.”

- (3) Increasing enrollment to accommodate the growth in Ph.D. program applicants is prevented. Beginning in 2004, the Chair imposed a cap on admissions.
- (4) The Department is less able to serve students from other departments interested in health services.

The insufficient level of state funding for the Ph.D. and M.S. programs in health services, the erosion of the value of a point in allocating limited state instructional funds, and the unfortunate normative consequences of the devaluation of points were important issues in the committee’s review. In many respects, the members of the committee – all of whom hold faculty appointments with the assurance of full salary funding – find 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 was informed by the Department chair that to return the value of a point to 1% of salary for the ten core faculty of the Ph.D. program, an additional \$16,000 of instructional funding would be needed. The committee strongly recommends that these funds be allocated by the University to the Department of Health Services for this specific purpose.

The cost of reinstating points for advising first and second year students, clearly a critically important service in the beginning phase of doctoral studies, would be \$14,000 according to Dr. Dowling. Once again, the committee recommends that this level of supplemental funding be granted to the Department by the University for this specific purpose.

Finally, the committee strongly encourages the faculty of the Ph.D. program to examine the normative shifts concerning “service” that are described above. An unfortunate and, we suspect, an unintended consequence of the point system appears to have been the attaching of monetary costs to scholarly and pedagogical functions in the academy, other than teaching, that are essential. In the committee’s view, the ideal funding base for faculty in the Department would include the assurance of full salary support and a

universal opportunity to be considered for tenure. In the current circumstances, neither of these is envisioned, yet failing to meet the service responsibilities listed above will, in the committee's opinion, hold the program back from the top tier status it ought to have.

**The Department's Response to Instructional Funding Limitations.** Based on the interviews conducted, both the Department and the School are firmly committed to the Ph.D. program as a core element of the Department. The departments of biostatistics and epidemiology both have long-standing Ph.D. programs and the reputation of those departments depends in a significant way on the reputation of their Ph.D. programs. That appears to be the working model for health services. However, unlike biostatistics and epidemiology, the Ph.D. program in health services has been added to a department that already has over 200 masters students, and since teaching revenue is unrelated to enrollment, the only way to find funds for Ph.D. activities in the short run is to take resources from the masters programs. Because Ph.D. students require more time and resources than masters students, the rate of conversion from masters to doctoral students will be greater than one-to-one.

Barring an unlikely infusion of resources from outside sources, the committee strongly endorses such a transfer as a means to ensure the short and long term stability of the program. It is important to emphasize that this endorsement is purely contextual, however. That is, it makes sense only within the context of the economic structure for instructional support in place at the UW. Taking resources away from masters programs means that the Department will turn away qualified applicants to its masters programs, presumably including its masters program in health administration, which we were told was ranked fourth in the country, and students from its MPH programs that offer coursework required for accreditation of the School of Public Health. The result will be a reduction in the impact of the masters programs on the fields of public health and health administration.

It is difficult to predict if the Ph.D. program is well-positioned to assume the same level of prominence in health services that the Ph.D. programs in biostatistics and epidemiology enjoy in their departments. In one sense the answer is yes, because the Ph.D. program in health services has an exceptionally talented faculty, and it is located in a world-renowned university in a desirable geographic location. However, the Department and its Ph.D. program face a set of formidable fiscal constraints with virtually all options for improving that situation blocked to some degree.

**Fund Raising and Private Support.** The committee is concerned about what appears to be insufficient University support for the Department in private fund raising. The self-study document notes:

The Program Director attempted to start a formal fundraising program three years ago but it was abandoned after the Development Director for the School of Public Health advised that the effort must be part of a formal School or Department fundraising plan – but as yet, no such plan exists.

In the perspective of the review committee, the funding environment within which educators in the Ph.D. program are employed can at best be described as “problematic.” Furthermore, there are no endowed chairs in the Department, nor are there any privately funded scholarships

The committee strongly recommends that staff who can provide competent, energetic, and creative fundraising support be provided to the Department by the University. We understand that a new development officer has been assigned to the School. We earnestly hope that this individual is quickly able to assist the Department in developing and implementing an effective fundraising plan.

External funds from the private sector could help cover some of the expenses of teaching. They could also help support doctoral students who have good potential but need more time to gain research skills and knowledge of health services in general. Some students from low SES families, have a learning disability, or are non-U.S. citizens may not be eligible for or competitive for existing traineeships. Students who are struggling with their coursework may not be able to complete their studies if they’re also required to work twenty hours per week while holding a research assistant appointment. In summary, funds raised from the private sector could be used to augment currently available traineeships and assistantships for students whom the Department believes have good potential but will take longer to achieve the skills and knowledge necessary before attempting independent dissertation work. Privately raised funds could also pay for individual tutoring.

**Quality of the Faculty.** The faculty associated with the Ph.D. and M.S. programs are exceptional. They have strong national and international reputations and they are highly successful at obtaining external support for their research. They also have been highly successful at competing for training grants for Ph.D. students. The faculty associated with the Ph.D. program would have no difficulty obtaining equal or better rank along with vastly improved salaries in similar departments at top universities. Perhaps less obvious, but equally important, the faculty associated with the Ph.D. and M.S. programs are highly dedicated to these programs and it is clear that they have a strong sense of ownership and investment in their success.

The leadership of Dr. Diane Martin should be especially noted. As program chair she has provided exceptional leadership in the early phases of the program’s development and has led the effort in developing cutting edge quality improvement practices in student assessment and program quality. Her efforts have been supported by a group of core faculty who share a common goal of operating a high quality, nationally known Ph.D. program in Health Services.

**Core and Affiliate Faculty Resources.** The development and implementation of the Ph.D. program is reported to have provided a strong unifying force for the otherwise heterogeneous Department faculty. Ten or twelve core faculty identify chiefly with the program and are recognized as primary instructors and resources for students. Other regular or research (63 in all), and adjunct (61) professorial faculty are scattered across

13 locations – at research centers and departments located at the university or at other sites. (Of these faculty, some proportion relate chiefly to the MHA or MPH programs.) An additional 153 courtesy (affiliate and clinical) faculty contribute variously to teaching in the Ph.D. program. The dispersed faculty have much less contact with the student body as a whole, although they may hire students as RAs and/or serve as mentors for dissertations or other projects.

**Partnerships.** Among the strengths of the Department are its affiliations with the Center for Health Studies at Group Health, the Division of Public Health Services at the Fred Hutchinson Cancer Research Center, the Health Services Research and Development unit at the VA Puget Sound Health System, and Public Health-Seattle & King County. Fourteen investigators based at these centers hold regular or research faculty appointments in the Department of Health Services. Additionally, 61 faculty from other UW academic units have adjunct appointments in the Department.

The affiliations and partnerships contribute substantially by broadening research opportunities available to faculty and students and stimulating multidisciplinary studies.

**Diversity in Faculty Hiring.** Within the Department, fewer than three of all regular and research faculty and only 15 of 153 clinical faculty are persons of color. Major barriers to recruitment of ethnic/racial minority faculty indicated by the Department include lack of funding for new hires and the limited pool of applicants available. The lack of critical mass of other faculty of color may also be discouraging to some applicants of color. In response, the faculty dedicated some effort during their June 2005 retreat to the topic of faculty diversity and agreed to take several steps to remedy the situation. As part of the plan, an Organizational Cultural Competency Work Group was to oversee the efforts. It appears that several of the planned steps have not been actively implemented. A recent success was the hiring of Bonnie Duran, a Native American scholar, who was recruited in conjunction with the School of Social Work. 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.

**Mentoring of Faculty.** Clearly, this is a top-heavy department. Among all regular and research faculty in the DHS, only three are at the assistant professor level (i.e., Karras and two research assistant professors – Liu and McGregor) and there are more than twice as many full professors as associate professors. Junior faculty have had little trouble getting promoted. The most pressing issue is bringing in more junior faculty rather than mentoring the few already present.

**Academic Standards and Degree Requirements.** Clearly specified Ph.D. program learning objectives emphasize extensive knowledge and skill competencies in health care systems, health policy, determinants and disparities of population health, key disciplines (to some degree self-selected to advance individual academic interests), and research

methodology, including warranted translation of findings into practice and policy. Intensive preparation is expected in theory, content, and methods.

Completion requirements for the Health Services M.S. students include a set of overarching School master's degree objectives and a set of clearly written program objectives focused on research skill achievement and knowledge of the U.S. health care system.

**Program Monitoring and Evaluation.** Program quality is under the ongoing surveillance of the Health Services Research (HRST) Committee and its subcommittees. Each of six areas (recruitment and admissions; student progress and outcomes; curriculum, research training, and professional development; relationships to regional practice and research communities; and non-faculty assessments) is evaluated annually by the HRST or a particular subcommittee, using specified indicators. Students and faculty report that evaluation processes resulted in significant changes in some courses and scheduling, especially in the initial years of the program.

**Qualifications of Entering Students.** The initial cohorts of Ph.D. students have been of very high quality. Their preparation and GRE scores are on par with other top-ranked HSR programs. Currently, about one third of applicants are accepted. Many come from good training programs. The program has been quite successful in recruiting and retaining students of color.

During its first years, the Ph.D. program was able to draw on the “pent-up demand” of very talented local students who came to the program with strong backgrounds in HSR and were able to finish the program in very short order. As the program matures, it will compete with other top programs in the country for the best students nationwide in each cohort. Some of those students will have levels of preparation similar to the early cohorts at the UW, but other very desirable students will not. The doctoral faculty will need to decide whether it will pursue only well-prepared students, for example, those with masters or health professional degrees in HSR areas, or considerable HSR experience, or whether the program will be willing to take on very promising students who have less exposure to the HSR field. If the latter, then there may need to be some changes in the coursework, and students can be expected to take longer to complete their doctoral program, thereby consuming more faculty resources, and requiring longer periods of support, either through research assistantships or other means. Particular consideration needs to be given to the advisability of a discipline focus curriculum (vs. problem focus) and the implication of a mixed program design that accommodates both experienced applicants and those requiring more social science and health care exposure.

**Funding Support for Students.** The availability of funding for entering students, especially through training programs in the students' first two years of study, has abetted the admissions process considerably. Funding in subsequent years is less certain. Students wish information about RA/TA opportunities at this stage were more transparent. It was also noted that if future cohorts include students with less program

readiness than has been the case to date, the benefit of RA support throughout the program could be especially important to such students' continuing progress.

**Advising and Mentoring of Students.** Students who met with the Review Committee reported much satisfaction with their connections with specific faculty mentors, although they expressed a wish to have been better informed of the research or other special characteristics of faculty they don't necessarily meet during their coursework.

It appears that there is variability in mentors and in students and how they work together. Mentorship in general has suffered from a lack of funds (i.e., no points are granted for mentorship before a student chooses a dissertation committee). In response, the director (Diane Martin) has played a large role in providing support to students and encouraging students to assemble a diverse team of mentors for many different roles such as cheerleading, career advice, and research. They have put together a guide to "best practices with respect to mentoring" and meet twice yearly to discuss what's working and what is not in terms of mentoring. Mentoring was a strength noted by alumni of the program, although other students noted it could be difficult to get time with faculty. When they were able to meet, however, the quality of the interactions was high.

**Achievements, Knowledge, Skills at Degree Completion.** Students who complete the Ph.D. and M.S. coursework at the UW will have a high level of knowledge and analytic skills. Achievements of the students in terms of publications and some early successes in the job market were impressive. Some of the alumni expressed concern over the broad coverage of topics in the curriculum, suggesting that the program might be less focused than other HSR doctoral programs, and might have more difficulty establishing a reputation for training students with particular knowledge and skills. (Despite the breadth of the curriculum, several members of the Department mentioned the lack of organizational theory in the curriculum.). Some of the students' concerns about a lack of overarching vision for the program might be related to the lack of strong common grounding in theoretical perspectives in the required core coursework.

Both Dean Wahl and Dr. Martin also mentioned the challenge of achieving intellectual cohesion in such a broad curriculum – specifically the integration of social and behavioral science with health policy. The problem of cohesion is not unique to the UW's model for doctoral education, however. Programs that emphasize more theoretical or disciplinary perspectives also must find a way to integrate those perspectives across their curricula. This will be particularly challenging.

While it is far too early to pass judgment on outcome, it will be important for the doctoral faculty to revisit their philosophy regarding the distinguishing characteristics of their graduates periodically, and to make sure that the graduates' knowledge and skills align with that philosophy.

Both faculty and alumni of the Ph.D. program seemed to be pleased with the ability of graduates to get the positions they wanted. One graduate recently was hired by Ohio State University and another is taking a prestigious post doctoral fellowship. It is important to

note that the program is explicit about not being a feeder to universities. Rather it is a health services research program whose graduates are prepared to enter both academic and non-academic research positions. This is reflected in the diversity of placements for graduates to date.

**Student Involvement in Governance.** Students have a strong voice in governance. Representatives are active on the Ph.D. steering, admissions, and curriculum committees. Further, the program director meets with the student group quarterly. Students report that issues introduced in this forum have led to valued curriculum and schedule changes.

**Attrition; Expected Time to Degree Completion.** Of 42 students in the PhD program to date, four have dropped out, for an attrition rate of about 10%. An encouragement to visit campus and careful mentoring of especially promising applicants seem likely to maintain or even lower this reasonable attrition rate. Students who have completed the Ph.D. did so in an average of 3.6 years. Many students entered with a master's degree and prior work in health care. With less advanced enrollees and the probability that some dissertation work will be carried out in other countries (given the global health focus within the program), the time to completion in the future will likely rise.

In the M.S. program, four of the 15 enrolled students chose not to complete the degree, for an attrition rate of 27%. While the proportion is high, this is a small base from which to make a reliable judgment about attrition rates. Enrollees in this degree program are almost entirely MDs; the added M.S. may not be as valuable to some as they initially believed.

**Closing Notes.** The Committee is appreciative of the care with which the self-study documents were prepared and the responsiveness of the Department of Health Services chairperson to our requests for additional information. The Committee also wishes to thank David Canfield-Budde, Academic Program Specialist with the Graduate School, for the many ways in which he supported our work.