

The University of North Carolina at Charlotte

**Ph.D. in
Health Services Research
Request for Authorization
to Plan**

REQUEST FOR AUTHORIZATION TO PLAN A NEW DEGREE PROGRAM

THE UNIVERSITY OF NORTH CAROLINA

DATE: September 30, 2003

Constituent Institution: University of North Carolina at Charlotte

CIP Discipline Specialty Title: Public Health, General

CIP Discipline Specialty Number: 51.2201 Level: D 1st Prof.

Exact Title of the Proposed Degree Health Services Research

Exact Degree Abbreviation (e.g. Ph.D.,Ed.D.): Ph.D.

Does the proposed program constitute a substantive change as defined by SACS? Yes No

a) Is it at a more advanced level than those previously authorized? Yes No

b) Is the proposed program in a new discipline division? Yes No

Approximate date for submitting the Request to Establish proposal (must be within two years of date of authorization to plan): October 1, 2004

Proposed date to establish degree: *month* August *year* 2005 (Date should allow at least three months for review of the request to establish, once submitted.)

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1. Describe the proposed new degree program.

a) a brief description of the program and a statement of educational objectives

The College of Health and Human Services proposes to implement an interdisciplinary Ph.D. program in Health Services Research (HSR) at UNC Charlotte. Considerable strengths in the newly transformed College – through the combined efforts of three academic units and four departments – are available to support the development of a strong interdepartmental Ph.D. program in Health Services Research. Faculty members in the School of Nursing, the Department of Health Behavior and Administration, and the Department of Social Work who are engaged in health services research will serve as doctoral program faculty. The proposed program follows directly from the College’s strategic plan submitted to Interim Provost Walcott on October 2, 2002. It connects with existing programs at the institution and in the community, and is consistent with national priorities in health. Designed to meet the rising need for competent health service researchers, the program is thematically guided by its focus on outcomes research. **The focus of the proposed Ph.D. program in Health Services Research is the development and dissemination of new knowledge to improve the practice and delivery of health and human services through outcomes research on the effectiveness, quality, and organization of health care delivery systems.** (See Appendix A for a brief list of relevant outcomes research citations.)

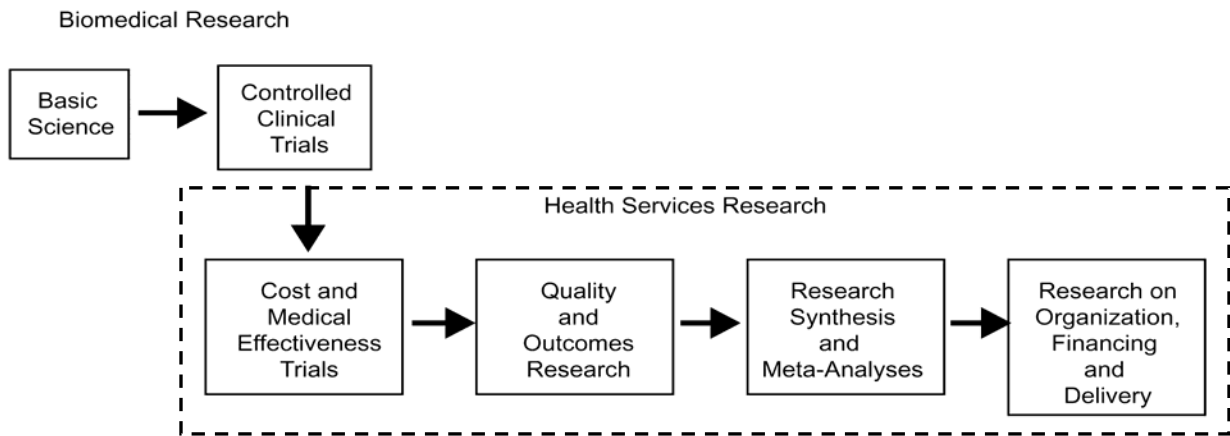
Health Services Research is the field of scientific investigation that studies how finance systems, health technologies, organizational structures and processes, personal behaviors, and social factors affect access to health care, the quality and cost of health care, and ultimately societal health and well-being. Its research domains are individuals, families, organizations, institutions, communities, and populations (Mirvis, 2000). The field addresses the range of factors that influences the health outcomes experienced by individuals and by populations. Health Services Research is an interdisciplinary field that draws on biostatistics, epidemiology, sociology, social work, health economics, medicine, nursing, engineering, and management. Its national importance is recognized by providers, administrators, employers, insurers, and state and national policymakers who are seeking solutions to concerns about the cost of care, the quality of care, and the health status of all Americans (Mirvis, 2000; National Research Council, 1994; Stryer, Tunis, Hubbard, and Clancy, 2000).

Health Services Research is a relatively young field. Indications that a coherent research field was emerging came with the creation of academic organizations, journals, and research funding opportunities over the past two decades. The name “health services research” was formally recognized in 1966 within the American Public Health Association. The free-standing Association for Health Services Research was founded in 1981. By 1994, the National Research Council identified six distinct careers in health research meriting separate National Service Research Award allocations including: basic biomedical scientists; behavioral scientists; physician-scientists; oral health researchers; nurse researchers; and health services researchers. The intense acceleration of the field is evident in the recent creation of national organizations such as AcademyHealth (www.academyhealth.org) and the Coalition for Health Services Research (www.chsr.org).

Health Services Research has expanded our understanding of organizational and financial factors that affect access to care; the appropriateness of services as well as their quality and cost; and patient outcomes. It has uncovered under-use, overuse, and misuse of health care practices; and geographic and socioeconomic variation in the accessibility, delivery, and utilization of health care services. Outcomes research has altered the culture of clinical practice and health care research by changing how we assess the end results of health care services (*The Challenge and Potential for Assuring Quality Health Care for the 21st Century*. Department of Health and

Human Services, 1998). The rapid rate of change in health care services creates demands for new information on the impact of past and current policy options. Health research has greatly suffered from our lack of capacity to translate our findings to the policy world (Gebbie, Rosenstock, Hernandez, and the Institute of Medicine, 2003). Health Services Research, in part, provides a focus of research activity that clearly attempts to bridge that gap. Approaches for sharpening the public policy focus to encourage disease prevention and health promotion depend on greater understanding of the interactions of genetic predispositions, social circumstances, environmental conditions and behavioral patterns that influence medical care (McGinnis, Williams-Russo, and Knickman, 2000).

The following model (from Mirvis, 2000) distinguishes traditional biomedical research from health services research, and shows the interrelationship among key integrated health services research activities that emerge from the combination of multiple disciplines:



The continuum of health care research. Redrawn and modified from JM Eisenberg

The theme of the proposed Ph.D. in Health Services Research is tied to the model; the development and dissemination of new knowledge to improve both the practice and delivery of health and human services in individuals and populations through outcomes research on the effectiveness, quality, and organization of health care delivery systems. Treatment effectiveness research is an example of health services research. Through effectiveness research, patient outcomes and variations in treatment practices across patient groups and geographic areas are studied. The scope of clinical evaluations and outcomes studies is wide and not only includes mortality and morbidity but also health status, functional capacities, quality of life, patient and family satisfaction with health services, and professional satisfaction. The measurement of health status, including health-related quality of life, comprises a major area in particular need of further theoretical development.

Outcomes research seeks to understand the end results of particular health care practices and interventions (Hubbard, Walker, Clancy, and Stryer, 2002) and has become the key to developing better ways to monitor and improve the quality of care because it provides evidence about benefits, risks, and results of treatments so that clinicians and patients can make more informed decisions (*Outcomes Research*. Agency for Healthcare Research & Quality, 2000).

National Health Services Research Agenda

The proposed Ph.D. program in Health Services Research is connected specifically to a range of national trends including: (a) increasing recognition of the importance of the field, (b) national funding priorities for health services research training and research; and (c) the maturation and focus of AcademyHealth, the premier professional organization designed to enable the growth, visibility, and coordination of a national health services research agenda.

a. Recognition of importance of field

In 1998, Vice President Gore launched a planning committee that created the Forum for Health Care Quality Measurement and Reporting in the private sector. The committee's report, titled *The Challenge and Potential for Assuring Quality Health Care for the 21st Century* (Department of Health and Human Services, June, 1998), documents some of the existing quality problems in the health care system and identifies current strategies that have proven effective at improving quality outcomes, increasing confidence, and often reducing health care costs. It underscores why a national effort is needed to improve the quality of health care.

Success demonstrating the value of health services research in improving the quality of health care is evident in the recent creation of the Health Services Research Team at the National Institute for Occupational Safety and Health, Centers for Disease Control. Occupational health services research is a young discipline with roots both in occupational safety and health and in health services research. Occupational health services research focuses on the organization, financing, and management of occupational health care services to assess their impact on the occupational health care delivery, quality, cost, access, and outcomes.

The agenda of these federal organizations are aligned with and coupled to larger national initiatives such as *Healthy People 2010*. *Healthy People 2010* refers to the comprehensive, nationwide health promotion and disease prevention agenda and comprises 467 objectives designed to serve as a road map for improving the health of all people in the United States. Two overarching goals – **to increase quality and years of healthy life and to eliminate health disparities** – served as a guide for developing objectives organized along 28 public health focus areas that will be used to measure progress.

b. National funding priorities for health services research training and research

The National Institutes of Health and other components of the U. S. Department of Health and Human Services fund health services research. The Centers for Disease Control and Prevention are making new investments in preventive services research and the Office of Research and Demonstrations at the Centers for Medicare and Medicaid Services supports a substantial health services demonstration and evaluation research program. A listing of currently funded health services research projects is available at: <http://www.academyhealth.org/hsrproj/index.htm>. The investment of private industry in health services research is also growing rapidly. For example, managed care organizations are investing in improved methods for monitoring services, provider practices, and patient needs. The pharmaceutical industry is assessing outcomes of care related to drug therapies by using health status instruments and is investing in cost-effectiveness studies to demonstrate the comparative benefits of treatment. Every indication is that these investments will increase as health care organizations demand better information to guide decisions regarding preferred treatments, appropriateness of services for different patients, and their impact on total costs of care.

The Agency for Healthcare Research and Quality (AHRQ) is the federal agency that funds and disseminates information on health care outcomes. The agency was formed initially as the Agency for Health Care Policy and Research (AHCPR) as a Public Health Service agency in the Department of Health and Human Services. It has a budget of nearly \$300 million, and nearly 80

percent of that budget is awarded as grants and contracts to researchers at universities and other research institutions across the country. The main functions of the agency are to sponsor and conduct research and to provide graduate training opportunities in outcomes research. The Agency's focus is to support new knowledge that improves both the practice and delivery of health and human services in individuals and populations through study of the effectiveness, quality, and organization of health care delivery systems. Funding opportunities afforded by AHRQ's include extramural predoctoral and postdoctoral educational and career development grants and opportunities - including those targeting minority students.

c. AcademyHealth

AcademyHealth is the professional home for health services researchers, policy analysts, and practitioners, and leading non-partisan resource for the best in health research and policy. In addition to promoting health services research in the United States, AcademyHealth fosters international exchange of ideas and resources through its International Health Care Policy and Research Exchange. AcademyHealth is the professional society for 4,000 individuals and 125 affiliated organizations throughout the United States, including the College of Health and Human Services at UNC Charlotte.

The educational objectives of the proposed program include:

Reflection on (a) the combined current strengths of faculty members in the newly formed College of Health and Human Services engaged in health services research, (b) large-scale national priorities, and (c) existing programs at the institution and in the community has resulted in the following program-specific objectives:

- to prepare graduates with the analytic and critical thinking skills to conduct applied research in multidisciplinary settings on health care costs, health status and health outcomes, and health care service utilization in individuals and populations;
- to prepare graduates to design, conduct, and analyze interdisciplinary health care planning and health outcome studies using advanced quantitative and qualitative measurement and analytic techniques;
- to prepare independent scientists and scholars with communication and methodological skills to advance and disseminate knowledge of outcomes for improving both the practice and delivery of health and human services; and
- to prepare future colleagues to engage in culturally competent and ethically sound health services research within the global health care arena.

b) the relationship of the proposed new program to the institutional mission and how the program fits into the institution's strategic plan

The proposed Ph.D. program in Health Services Research is connected specifically to a range of University goals including: (a) to provide services that impact positively the many challenges facing the region, state, and nation; (b) to train graduate students who possess interdisciplinary skills and capacities that can be applied to a variety of situations and professions in an ever-changing world; (c) to increase the number of Ph.D. programs in high demand fields; and (d) to reach doctoral/research-extensive status by the year 2010. Increased demand for graduate-level offerings is intrinsic to these goals and meeting that demand will have multiple benefits for the University, the state, and the region.

The proposed Ph.D. program in Health Services Research especially arises from two major documents at UNC Charlotte and from the significant restructuring of the College of Health and Human Services. It also links strategically to a variety of current and planned campus initiatives.

The UNC Charlotte Academic Plan

The Campus Academic Plan serves as the guiding force for decisions concerning the number and direction of academic programs, the work of faculty and support staffs, and the allocation of resources. It is designed to capture the most important initiatives and priorities of the constituent units and programs of the University and to place them within the context of a set of overarching goals and values for the campus as a whole. Since the *Campus Academic Plan for 1998-2003*, each University initiative is scrutinized in relation to one or more of the seven themes for campus development that serve as guideposts for the creation of new degree programs and curricula at both the undergraduate and graduate levels. With a broad institutional commitment to liberal education, UNC Charlotte is prepared to focus interdisciplinary resources to address seven broad areas of concern to the region. These include: 1) Liberal Education; 2) Urban and Regional Development; 3) Business and Finance; 4) Children, Families, and Schools; 5) **Health Care and Health Policy**; 6) International Understanding and Involvement; and 7) Applied Sciences and Technologies.

The planning for a Ph.D. in Health Services Research is especially aligned with the campus theme of Health Care and Health Policy. The description of this theme from the *Campus Academic Plan for 2002-2007* follows:

“During the 21st century, the need for health and human service professionals will continue to grow as our population ages; as patients’ demands for more specialized kinds of treatments, drugs, and therapies escalate; and as our definition of health expands to include anything that contributes to the promotion of human beings’ physical, mental, spiritual, and social health and well-being. As the State’s largest metropolitan region, Charlotte requires sustained attention from the University to serve the multiple and diverse health-related needs of its citizens, including informed and effective public health policies; a vibrant health research community; health promotion activities and programs; and trained health care personnel, including those who play a role in administering health care delivery systems and whose decisions affect matters of access to health services as well as their cost and quality.”

Report of the Health Commission: A Strategic Plan for 2000-2010

Since at least 1992, UNC Charlotte has focused attention on strategic planning to expand and further develop relevant and important health-related programs. A series of recommendations made in 1992 and 1993 by former Provost Phil Dubois to Chancellor Woodward served, in part, to expose UNC Charlotte’s emerging health services research potential. Subsequently, in 1999-2000 a 20-member University Health Commission was formed to “develop a strategic plan for the future of the University in the area of health programs, professions, and research.” Specifically, former Provost Trauth charged the Commission to explore and to recommend possible health-related offerings appropriate for the University. The Provost emphasized that since 1994 funding for the National Institutes of Health had increased 31.2%; funding for the Department of Defense decreased by 19.8% and funding for the National Science Foundation decreased by 15.8%. These funding trends were critical to the task of identifying specific plans to enhance research productivity in health-related areas at UNC Charlotte. The full report is available at: http://www.uncc.edu/academic_affairs/health_report.html.

Major recommendations of the report submitted to the Provost in July 2000 included the establishment of a College of Health and Human Services; the creation of a range of new departments within the proposed College; and the planning and establishment of a variety of new baccalaureate, masters, and doctoral programs. Review and evaluation of the Commission's recommendations occurred during the 2002-2007 academic planning cycle. The proposed Ph.D. degree program in Health Services Research arises from rapid maturation of the institution's health-related interdisciplinary focus and alignment with the larger organization and the work of the Health Commission.

Development of the College of Health and Human Services

Based on the recommendation of the Health Commission to establish a College of Health and Human Services, a proposal to reorganize the former College of Nursing and Health Professions was submitted to the Provost on November 26, 2001 by Dean Sue Bishop and Faculty Organization Chair Jane Neese. The renaming and reorganization of the College were key recommendations in the Report of the Health Commission. Subsequent approval for the implementation of a range of strategic initiatives was obtained from the Board of Trustees of UNC Charlotte on March 22, 2002 and included, effective July 1, 2002: the establishment of the College of Health and Human Services; the creation of a semi-autonomous School of Nursing within the transformed College; relocation of the Department of Social Work from the College of Arts and Sciences to the College of Health and Human Services; the restructuring of the Department of Health Promotion and Kinesiology to the Department of Kinesiology; and the creation of the Department of Health Behavior and Administration. These changes in organization and structure at UNC Charlotte provide the larger framework for the planning and establishment of an interdisciplinary Ph.D. program in Health Services Research.

Other health and human services activities serve to complement the College's health services research agenda. For example, the School of Nursing operates the Nursing Center for Health Promotion, an academic nursing center and free clinic involving both faculty and students in providing health care services to homeless women and children in inner-city Charlotte. The Nursing Center logs over 6,000 visits a year and is actively developing a computerized client database. Since the mid-1990s, the Nursing Center has received over \$500,000 in external funding and has generated a number of publications and presentations. The Nursing Center was recently featured in a film documentary celebrating the centennial of organized nursing in North Carolina as an exemplar of "pushing the envelope" in delivery of nursing services. Recently, two nursing faculty members had between 25 to 50 percent FTE positions over a period of about 10 years as Nurse Researchers with Presbyterian Hospital/NovantHealth to conduct research to improve health care outcomes of the agency. In Spring 2001, the College and NewSouth HealthCare/Hospice at Charlotte signed a Memorandum of Agreement to establish an affiliation for collaboration on end-of-life care education, practice, and research. The mission of the partnership is to advance and disseminate knowledge providing exemplary multidisciplinary and culturally sensitive end-of-life and palliative care to clients across the life span in diverse systems of community and institution-based care.

Faculty in the College of Health and Human Services have long-standing research, teaching, and service partnerships with 50 health services agencies and organizations throughout the Charlotte metropolitan area that will be strengthened by a related doctoral program. These partnerships serve to enrich the working and learning experiences of both faculty and students. Those that involve contractual obligations to provide program planning and evaluation services are a resource for faculty research and graduate student support. A selective listing of current community partners demonstrates current faculty commitment and involvement in health and

human services activities in the Charlotte-Mecklenburg area, with current partners including: Ada Jenkins Center, Adolescent Pregnancy Prevention Coalition of North Carolina, Arthritis Patient Services, Carolinas Pulmonary Rehabilitation, Dickson Institute for Health Studies, Charlotte Bioethics Resource Group, Charlotte-Mecklenburg Senior Centers, Gaston County Health Department, Hospice at Charlotte, Leukemia Society, Mecklenburg County Asthma Coalition, Mecklenburg Health and Fitness Council, Mecklenburg County Health Department, Mecklenburg County Department of Social Services, Mecklenburg County Partners in Eliminating Health Disparities, Nursing Center for Health Promotion, Regional HIV/AIDS Care Planning Council, Regional HIV/AIDS Consortium, Salvation Army, Substance Abuse Prevention Services of the Carolinas, United Way of Central Carolinas, University Adult Day Care Center, and YMCA of Greater Charlotte. Our emphasis on these local partnerships does not preclude the additional collaborations between faculty in the College of Health and Human Services and various national and international partners.

Interdisciplinary Focus

The intrinsic, interdisciplinary nature of Health Services Research is analogous to the built-in interdisciplinary nature of neuroscience. Neuroscience is the study of the nervous system, and individuals from many different disciplines contribute to progress in the field. For example, the field of neuroscience includes the geneticist who studies chromosomal abnormalities that predict neuropathology, as well as the cognitive scientist who studies variations in central nervous system processing circuits in real time with advanced neuroimaging techniques. Similarly, the field of Health Services Research includes individuals from many different disciplines who are interested in the range of factors that influences the need for health services, variations in the delivery of care, the quality and cost of health services, and the health outcomes experienced by individuals and by populations.

The proposed Ph.D. program in Health Services Research will fit under the existing CIP specialty title **Public Health, General** and specialty number **51.2201**. Such a program would stand in contrast, for example, with virtually all of the doctoral degrees awarded nationally by the 31 accredited graduate schools of public health which are in discipline-specific areas such as biostatistics, epidemiology, environmental health, health behavior, and health policy and administration. But as health and human services delivery systems undergo major revolutionary changes, health and human services professionals are redefining the boundaries of discipline-specific practice. Increasing attention is given to cross-training, interdisciplinary practice, and core knowledge and competencies.

The 1995 Institute of Medicine (IOM) report “Health Services Research: Work Force and Educational Issues” documented that health services research education and training are frequently provided under many different (and inconsistent) organizational auspices (for example, as part of doctoral programs in health policy and administration, nursing, biostatistics, or economics). Although there are about 40 programs in the country that offer some doctoral training in health services research (<http://www.academyhealth.org/directory/search.cfm>), in reality very few integrated “Health Services Research” programs exist. The IOM report concluded “formal programs in health services research play a special role by providing an organizing focus for the field and an environment supportive of creative research and methodology development.” Our vision coincides with that of the Institute of Medicine which recommended that essential health services training programs “will benefit their students by providing broad educational opportunities that make them more versatile, flexible, and attractive to corporate and governmental as well as academic employers” (Field, Tranquada, and Feasley and the Institute of Medicine, 1995).

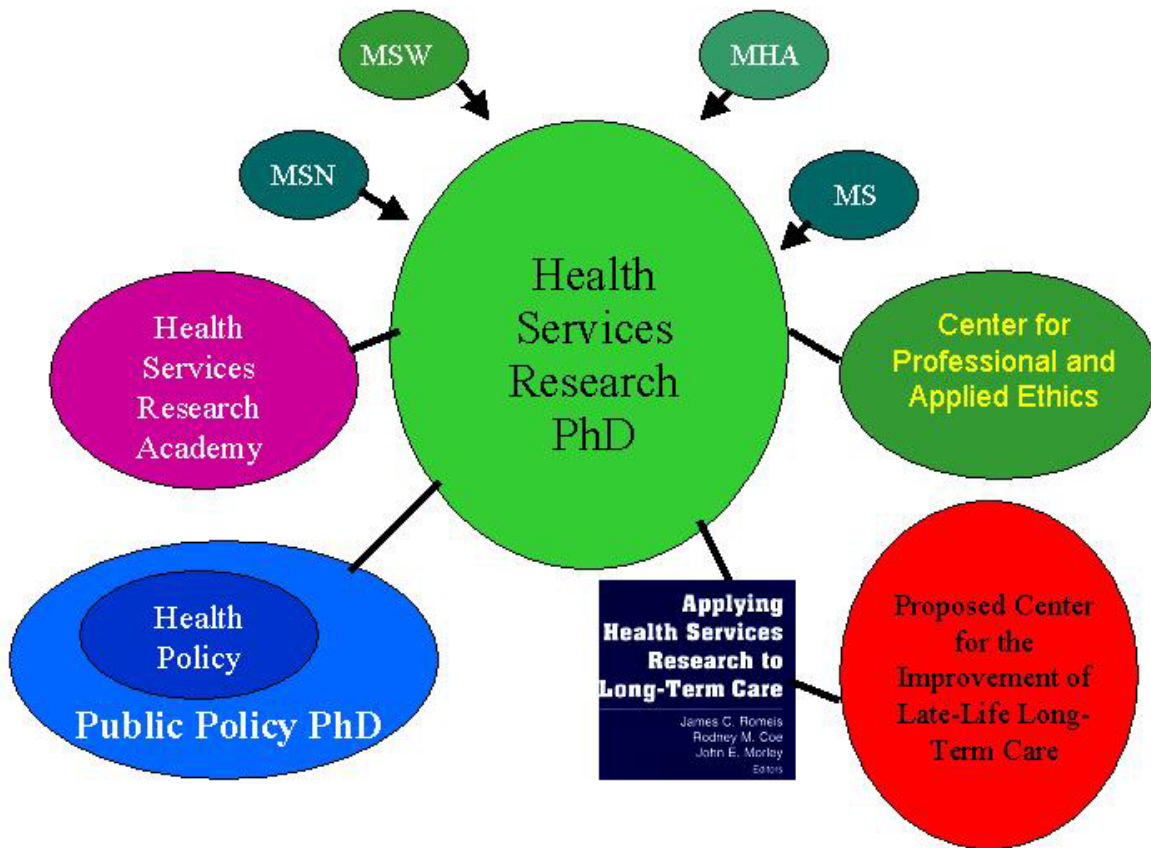
Interdisciplinarity brings varied disciplinary theories, skills, data and ideas to bear on a common problem or theme (Caruso and Rhoten, *Lead, Follow, Get Out of the Way: Sidestepping the Barriers to Effective Practice of Interdisciplinarity*. The Hybrid Vigor Institute, 2001). Our program theme – **to improve both the practice and delivery of health and human services through outcomes research** – follows from such an understanding. But the search for novelty and innovation, and the creative approaches to problem solving that interdisciplinarity represents, can only be enhanced by the standards of competence that have brought disciplinary research the great respect it has earned over the decades.

A Ph.D. program in Health Services Research at UNC Charlotte that is situated in the multidisciplinary College of Health and Human Services offers opportunities for overcoming common barriers to successful interdisciplinary doctoral training and research including: structural roadblocks; organizational changes and challenges; identification of a common problem; establishing a common means of understanding; learning to trust; and a commitment to shared resources and funding (Caruso and Rhoten, *Lead, Follow, Get Out of the Way: Sidestepping the Barriers to Effective Practice of Interdisciplinarity*. The Hybrid Vigor Institute, 2001). In many ways, the development of this planning document by a committee comprised of individuals from every involved unit in the College validates the shared focus and commitment of the faculty members to the interdisciplinary work that will be necessary for the program to achieve excellence. Past and current collaborative research programs of program faculty are positioned to accelerate to provide students with meaningful models for developing new knowledge applied to complex health care problems using multiple views and theories through advanced methodological and statistical techniques. Simply, the program is envisioned *a priori* to encourage focused research on problems that extend across disciplinary boundaries.

Our programmatic goals have been affirmed during a visit by an external consultant (from industry) and by four additional reviews of our efforts (including two from individuals in higher education and two in government). Dr. Nancy Kline Leidy serves as Global Scientific Director, MEDTAP International, a global research organization specializing in outcomes studies, economic evaluation and modeling, and policy research and analysis. Dr. Leidy visited campus recently, and her substantive review remains forthcoming. Dr. William Spector from the Agency for Healthcare Research and Quality not only confirmed that “there is a substantial need for well-trained health care researchers” but also agreed that “multidisciplinary training will allow a person to tackle issues that others in pure fields will shy away from.” Dr. Kaplan from the University of California, San Diego said, “I think the timing and content of the program is just right...North Carolina has always been a hot market for those with (health services research) training.” Dr. Blakely from Texas A & M – whose unit began a Health Services Research Ph.D. Program in 2002 – provides a very compelling and articulate assessment of the added value of a Health Services Research Ph.D. program at UNC Charlotte for the state and the nation. Dr. Robing Remsburg serves as Chief, Long-Term Care Statistics Branch at the Centers for Disease Control and Prevention. She reiterates the need for more academically prepared health services professionals and concludes that UNC Charlotte has the academic resources, the interdisciplinary faculty, and the community health system partners in the College to “create an ideal foundation” for a premier Health Services Research program. (See Appendix B.)

c) the relationship of the proposed new program to other existing programs at the institution

Many members of the College are involved, in one or more ways, with existing and planned campus entities that will enable shared programmatic and research objectives. The following model summarizes relationships between the proposed Ph.D. program and existing (and other planned) entities at the institution and shows current master’s programs in the College that will serve immediately as “feeder programs” for the proposed doctoral program:



A Ph.D. program in Health Services Research would be linked to several existing graduate degree programs and campus entities. The Ph.D. in Public Policy at UNC Charlotte emphasizes policy analysis as an applied discipline that uses multiple methods of inquiry, analysis, and reasoning to address public issues effectively, thus contributing to an informed public and a more efficient and ethical society. The Public Policy program offers a specialization in Health Policy. Health policy includes examination of the formulation, adoption, and implementation of public policy for health care. As we stated previously, health care policy recommendations follow from the activity of health services researchers. Faculty in the College of Health and Human Services already contribute to the curriculum that makes up the Specialization in Health Policy, and more purposeful integration of shared opportunities for students enrolled in complementary and synergistic Ph.D. degree programs are envisioned.

Several faculty members in the College of Health and Human Services serve as Faculty Associates for the Center for Professional and Applied Ethics. The mission of the Center includes: 1) to serve as a focus point where university students can examine the ethical issues embedded in the professions for which they are being trained; 2) to help develop ethics-related curricular initiatives, particularly interdisciplinary ones among the professional schools; and 3) to increase ethics-related research collaboration and conference/seminar/workshop interactions among the faculty. The Center for Professional and Applied Ethics provides undergraduate and graduate students with the conceptual tools to make judgments about health-related ethical issues.

The Health Services Research Academy has become a successful organizing unit for faculty with an interest in health services research. It has developed strong ties to several community agencies

and many community-based health services researchers. Many members of the College are active in the Academy, and several have served as elected Executive Board members. The Academy annually recognizes both Junior Investigator and graduate student research, and both faculty and students in the College have received such recognition.

The purpose of a proposed Center for the Improvement of Late-Life Long-Term Care (LLC) is to improve the lives of older individuals in long-term care arrangements and who are approaching end-stage disease and terminal decline. The research component of the Center will consist of an interdisciplinary core of research faculty who will: (a) establish formal LLC research opportunities for undergraduate and graduate students and post-doctoral students; (b) complete a series of investigations to establish the epidemiology and demography of late-life long-term care; (c) complete pilot studies aimed at understanding the major dimensions of LLC for use in federal research applications; and (d) develop a series of papers and presentations on an emerging conceptual framework for LLC research and policy.

In June 2003 AcademyHealth released a series of three briefs detailing how research has improved long-term care service delivery and policy. Each brief is based on key themes that emerged from a 2002 conference sponsored by the American Association of Retired Persons, The Agency for Healthcare Research and Quality, the Retirement Research Foundation, and The Robert Wood Johnson Foundation. The briefs outline how evidence-based research helps frame critical issues in long-term care. They also expound upon the crucial role of collaboration among providers, policymakers and researchers and the role of research in addressing new challenges that arise as the long-term care system continues to grow and change. They further address how health services research has contributed to health policy and service developments that have led to major improvements in the quality of long-term care.

d) special features or conditions that make the institution a desirable, unique, or appropriate place to initiate such a degree program.

Our overview of the conditions that make UNC Charlotte a suitable and appropriate place for a Ph.D. program in Health Services Research include: the preparedness of faculty in the College of Health and Human Services to plan and implement a research-intensive doctoral program in Health Services Research; and UNC Charlotte's strategic commitment to expanding its range of collaborative health-related programs and initiatives that are linked to the broad based health care industry and health care community located in the greater Charlotte region.

College of Health and Human Services

The College of Health and Human Services is well prepared to add an interdisciplinary Ph.D. program in Health Services Research. The College of Health and Human Services strives for excellence in educational programming, research, and community outreach in health and human services. The College is uniquely positioned to implement a Ph.D. in Health Services Research program, especially following the large-scale restructuring of the College's academic units on July 1, 2002. The combined strengths of three academic units (Department of Health Behavior and Administration, Department of Social Work, and the School of Nursing) in the new multidisciplinary College provide the faculty and expertise for this interdepartmental and interdisciplinary degree program.

The proposed program is derived from a conscientious and purposeful review of the College's transformed landscape. Most telling, College faculty members are engaged in "cutting edge" health services research. It is no coincidence that the research programs of faculty in the College

are highly similar to recent studies funded by the Agency for Healthcare Research and Quality on the quality of health care and health outcomes (Hubbard et al, 2002) including:

- Improving quality of care in nursing homes
- Translating evidence into practice in nursing service settings
- Improving pain management
- Measuring outcomes in the intensive care unit
- Implementing and evaluating evidence-based practice in acute care settings
- Improving pediatric outcomes through chronic care management
- Examining the properties of quality of life measures in patients with heart failure

Review of the College of Health and Human Services' 2003 Annual Report not only demonstrates the match between recent faculty publications and these national health services research priorities, but also portends consistent, large-scale funding opportunities for the faculty. We offer the following list of publications from 2002-2003 as evidence of the College's representative and nationally relevant health services scholarly activities:

Shirley Travis – D. W. Colvard Distinguished Professor of Nursing, Department of Adult Health Nursing, Dixon, S., Fortner, J., and Travis, S.S. (2002). Barriers, opportunities, and challenges to the provision of hospice care in assisted living facilities. American Journal of Hospice and Palliative Care, 19, 187-192.

William McAuley – Professor, Department of Health Behavior and Administration, McAuley, W.J., Pecchioni, L., and Grant, J.A. (2002). The impact of living in a rural county with no nursing home on utilization rates and admission mobility patterns. Journal of Applied Gerontology, 21, 40-57.

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A significant number of faculty members in the College of Health and Human Services conduct applied research on health care costs, health status and health outcomes, and health care service utilization. The total of the previous five grants or contracts awarded to these individuals as Principal Investigator amounts to more than \$6,000,000: **The College of Health and Human Services currently has \$3,635,592 in active, multiple year projects.** The following details of a sample of recent and current projects – mostly funded by federal dollars – serve to emphasize the range and quality of health services research activities in the College:

Social work faculty members examined health outcomes in dually diagnosed populations (mental retardation and mental illness) in a partnership with the State of North Carolina Department of Health and Human Services. This study measured and compared physical health outcomes, mental health outcomes, and quality of life indicators. Over 1200 individuals were followed and evaluated during an eight-year period.

Another project evaluating health outcomes is a federally funded project involving nutritional support in homebound elders. The study is a clinical trial with individuals having hyperlipidemia and/or hypertension randomized to one of four arms: (a) medical nutrition therapy only, (b) therapeutic meals designed for the diagnosis, (c) medical nutrition therapy and therapeutic meals, or (d) educational literature. The clinical indicators include lipid panels pre-intervention, midterm, and post-intervention. In addition, an intensive cost-benefit analysis will be completed. The project involves collaboration among faculty from Health Behavior and Administration, Adult Health Nursing, Family and Community Nursing, and the UNC Charlotte Urban Institute.

Patients with multiple sclerosis frequently discontinue injection therapy because of severe skin reactions to the injection. Patient compliance and health-related outcomes were examined in a clinical trial of patients with multiple sclerosis that tested the effectiveness

of different injection techniques. One particular technique proved to result in reduced skin reactions and improved patient compliance.

A novel approach designed to engage minority communities in research involves study of the informed consent process for a genetics research project. The thesis is that minority communities, as well as individuals, must be given an opportunity to complete an informed consent process, because the communities themselves can be influenced by the results. Results of the investigation may lead to revisions in policies for federally funded research on the genetics of minority populations.

A related research program focused on health service utilization of older adults in both rural and urban areas. The program examined older impoverished adults' health outcomes, health service utilization by accessing Medicare data, and cost effectiveness of a community-based program. A quality of life instrument with sound psychometric results for older impoverished adults was developed.

In summary, the combined strengths of three academic units (Department of Health Behavior and Administration, Department of Social Work, and the School of Nursing) in the new multidisciplinary College provide the faculty and expertise for this interdepartmental and interdisciplinary degree program. The interdepartmental doctoral program will enable shared programmatic and research objectives on campus and strengthen existing and planned master's degree programs in the College of Health and Human Services. Current graduate degree programs will serve in part as on-campus "feeder" programs for capable students who wish to pursue more advanced work. Relevant existing graduate degree programs in the College include: Master of Health Administration; Master of Science in Health Promotion; Master of Science in Nursing; and Master of Social Work. Nearly 270 students are currently enrolled in these degree programs. We have not yet exhausted conversations with other relevant graduate degree program coordinators on campus, but we predict students in other master's degree programs will be attracted to a Ph.D. program in Health Services Research to include those from economics, gerontology, information technology (health informatics), mathematics, psychology, and sociology. The ability to attract well prepared students from the state, the region, and the nation will parallel the fulfillment of the program's promise.

Regional trends and community partnerships: Contributions to the value of a Health Services Research doctoral program at UNC Charlotte

During the next century, the need for health and human service professionals will continue to grow as our population ages; as patients' demands for more specialized kinds of treatments, drugs, and therapies escalate; and as our definition of health expands to include anything that contributes to the promotion of human beings' physical, mental, and social health and well-being. As the industry and the science and technology of health and human services delivery systems expands, there will be an increased need for individuals (i.e., health services researchers) with interdisciplinary methodological, statistical, epidemiological, administrative, and clinical skills. The future brings the promise of using large-scale data analysis to reduce medical errors and to increase the cost effectiveness of health care delivery.

Mirvis (2000) believes that this increase in interest and activity is related to three major areas. First, the perceived and real limitations of health care resources have forced us to examine more closely the value of what we do. Second, the role of consumers in making choices, in becoming more informed, and in involving themselves in health care has opened up health care evaluation to a more public audience. The consumer has often been skeptical of health care services and the

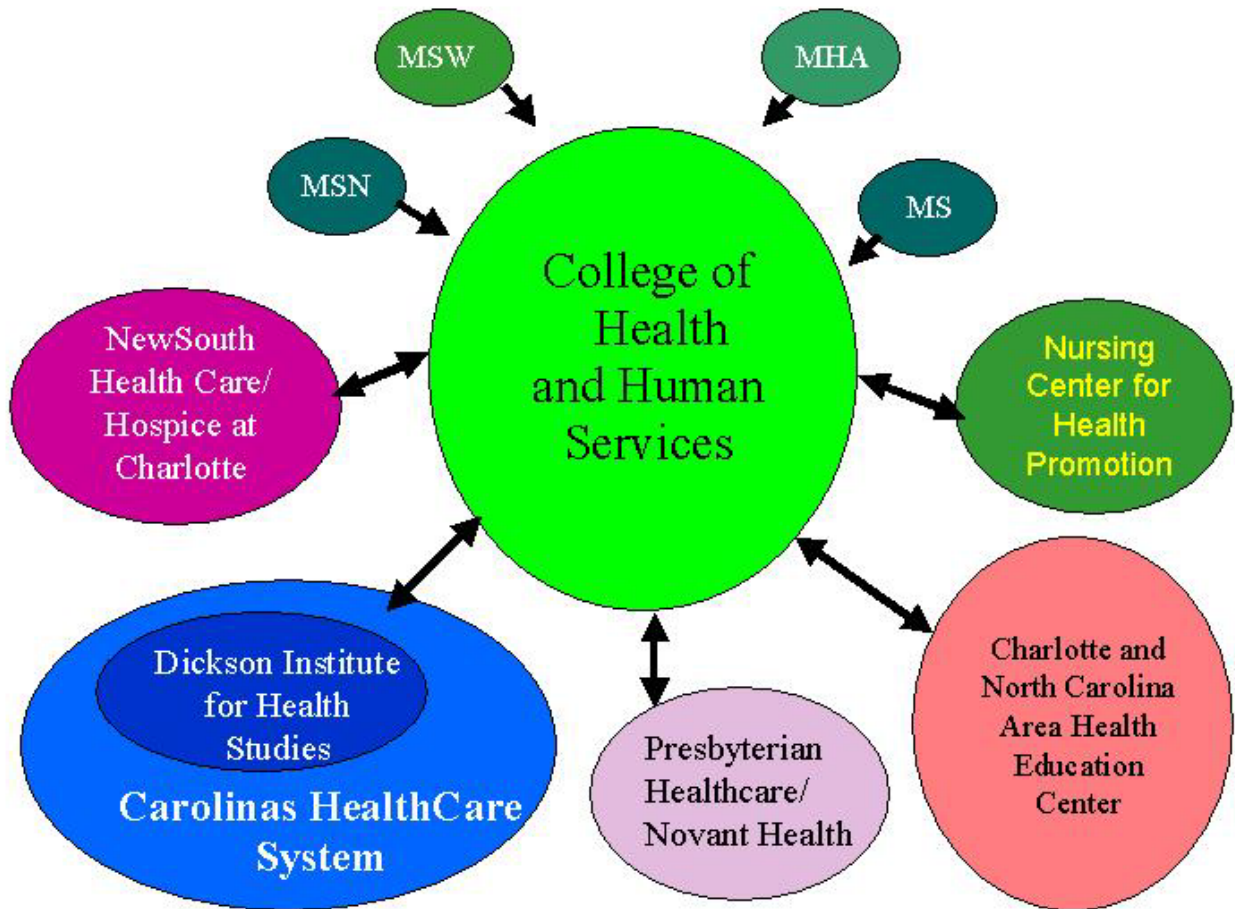
delivery of those services. Third, health care has greater technical and conceptual ability and is able to quantify various aspects of health and health care more readily.

UNC Charlotte is uniquely positioned in an urban area where the health care industry is the single largest employer. Together, Carolinas HealthCare System and Presbyterian Healthcare/Novant Health employ over 17,000 individuals. Charlotte is the Piedmont's health care hub and a center of health care expertise and excellence. In addition to Carolinas HealthCare and Presbyterian, the Charlotte metropolitan area is home to a major health services organization, a federal Veterans Administration Medical Center, a Magnet hospital (NorthEast Medical Center), numerous community hospitals, and a rich array of community-based health services in urban and rural areas. As the Piedmont's educational center, UNC Charlotte has an opportunity to prepare individuals to work in those agencies. Currently the College has nearly 700 students in upper-division majors and master's programs including athletic training, health administration, health fitness, health promotion, nursing, and social work.

UNC Charlotte's Health Commission recommended continued open collaboration among institutions in teaching and applied research. Currently there is a collaborative partnership between UNC Charlotte and Carolinas HealthCare System that leads to a Master of Science in Nursing in Nurse Anesthesia. The unique partnership between the School of Nursing and CaroMont Health provides clinical supervision for 10 nursing students each year. The research and practice partnership between Hospice at Charlotte and the College - evident in the Memorandum of Agreement signed by both institutions - is an exemplar of the College's leadership in coordinating health care research and teaching opportunities in the region. The College maintains contracts with nearly 50 major institutions for clinical education.

It is important for the College to continue to work closely with both the North Carolina and Charlotte Area Health Education Center (AHEC). The College of Health and Human Services has had close working relationships with AHEC at the state and local levels for many years. Staff members at AHEC provide crucial assistance in arranging for internship placement of nurse practitioner students with practicing physicians and nurse practitioners, and provide funds to pay these preceptors and to reimburse students for travel to practice sites. The UNC Charlotte-AHEC partnership demonstrates existing collaborative activities between College faculty and the health care community. The working relationships that have already been established will be facilitative in exploring new levels of support and partnership (for example, with the recently established Dickson Institute for Health Studies) as plans for a Ph.D. program in Health Services Research mature.

The following model summarizes selected current College links with a range of community partners - most involving contractual agreements - that will profit reciprocally by a related doctoral program in Health Services Research in the College of Health and Human Services at UNC Charlotte:



2. List all other public and private institutions of higher education in North Carolina currently operating programs similar to the proposed new degree program.

We reviewed in some detail previously the extent to which the proposed Ph.D. program in Health Services Research is connected to the College’s extensive range of community partners that will profit reciprocally by a related doctoral program, as well as the degree to which the proposed Ph.D. program in Health Services Research is strategically connected to a range of University goals. In related fashion we have conducted an exhaustive review of Ph.D. programs in the State of North Carolina and we have discovered that no institution in the state currently offers an integrated Ph.D. program in Health Services Research. It is noted, however, that UNC Chapel Hill offers both Ph.D. and Dr.P.H. degrees in specific content areas (i.e., disciplines) that are generally perceived as contributing to the larger integrated field of Health Services Research. The degree programs at UNC Chapel Hill, however, emphasize *disciplinary-based educational experiences as compared with the interdisciplinary experiences that are proposed in the UNC Charlotte program in Health Services Research*. For example, the Health Policy and Administration Ph.D. program “draws strength from its disciplinary focus”

[<http://www.sph.unc.edu/hpaa/academic/doctoral.htm>]. Current degree programs offered in each of five separate academic departments at the School of Public Health at UNC Chapel Hill include:

(51.0701) Health System/Health Services Administration		
UNC Chapel Hill	Dr.P.H.	Health Administration
UNC Chapel Hill	Ph.D.	Health Administration
(51.2203) Epidemiology		
UNC Chapel Hill	Dr.P.H.	Epidemiology
UNC Chapel Hill	Ph.D.	Epidemiology
(51.2204) Health and Medical Biostatistics		
UNC Chapel Hill	Dr.P.H.	Biostatistics
UNC Chapel Hill	Ph.D.	Biostatistics
(51.2207) Public Health Education and Promotion		
UNC Chapel Hill	Dr.P.H.	Health Behavior
UNC-Chapel Hill	Ph.D.	Health Behavior
(51.2299) Public Health, Other		
UNC Chapel Hill	Dr.P.H.	Maternal and Child Health
UNC Chapel Hill	Ph.D.	Maternal and Child Health

Three years ago UNC Chapel Hill began a track in Health Services Research in Occupational Safety and Health within the Health Policy and Administration degree program. The focus of the track is on occupational safety and injury trend analysis related to workers' compensation and disability management. There are currently three students in the program who take all their courses with the other (health policy and administration) Ph.D. students and in addition take one Occupational Safety and Health seminar course.

Finally, significant post-graduate training opportunities exist in the state. Postdoctoral training opportunities in health services research are available both at the Sheps Center for Health Services Research at UNC Chapel Hill and at Duke University Medical Center. The especially prestigious Sheps Center enables a multidisciplinary environment for both doctoral and postdoctoral students to gain valuable health services research experiences.

3. Estimate the number of students that would be enrolled in the program during the first year of operation.

Full-Time 5-8 Part-Time 0

We anticipate that students will initially be recruited from the state and the Southeast region. Because the Ph.D. in Health Services Research is an interdisciplinary program, students may come from many of the current graduate degree programs in the College (M.S.W.; M.H.A.; M.S.N.; M.S. in Health Promotion). Other potential students – including those from UNC Charlotte – could come from graduate programs in sociology, gerontology, health informatics, and psychology. Additionally, there are potential students currently working in the range of health care settings in the greater Charlotte area that will be attracted to the program. Additional student interest may be enabled indirectly through UNC Charlotte's participation in the University of North Carolina Academic Common Market. Further, graduates of the MS in Clinical Epidemiology and Health Services Research at Wake Forest University may also be interested in pursuing doctoral study in the proposed PhD program in Health Services Research at UNC Charlotte

Our projected enrollments also derive, in part, from review of statistics published by the National Center for Education Statistics and by the Association of Schools of Public Health 2001 Annual Data Report.

National Center for Education Statistics

Overall, enrollment in degree-granting postsecondary institutions is projected to increase from 15.3 million in 2000 to 17.7 million by 2012, an increase of 15% (National Center for Education Statistics, 2002). Historical growth in enrollment in degree-granting institutions has led to a substantial increase in the number of earned degrees conferred. Just as the unprecedented rise in female enrollment contributed to the increased number of college students, so too has it increased the number of degrees conferred. In 1999-2000, women earned 44 percent of doctoral degrees and 45 percent of first-professional degrees. By 2011-2012 the proportion of degrees earned by women is expected to rise.

The number of doctoral degrees awarded in 1999-2000 totaled 44,808. This number is expected to increase to 46,800 in 2011-2012, providing sufficient opportunity for growth in established and planned doctoral degree programs throughout the country.

Association of Schools of Public Health 2001 Annual Data Report

In fall 2001, there were 29 accredited schools of public health in the United States, at 10 private and 19 public institutions. The Association of Schools of Public Health collects and compiles aggregate data on applications, new enrollments, students, and graduates in each school of public health. These data are especially relevant because, although there is no comparable data for "health services research" programs, the degree programs at schools of public health are surrogate markers of interest in health services research, because they earmark activities in the highly relevant discipline-specific programs (biostatistics, health policy and administration, epidemiology, etc.).

In fall 2001, there were 20,246 applications submitted to all degree programs in schools of public health, a 1.4 percent increase from 2000 (Association of Schools of Public Health, 2002); and there were 5,895 new enrollments in all degree programs (29.1% of all applications). Over the past ten years, degree programs in the collective health services/health planning/evaluation research degree programs have received the largest total number of applications (43,828). In 2001, the program areas with the largest concentrations of new enrollments were in epidemiology (1,134 or 19.2%), health services administration (1,058 or 17.9%), and health education/behavioral sciences (933 or 15.8%); these proportions have generally remained constant for the past ten years. In 1991, 13.3 percent of students enrolled in schools of public health were enrolled in Ph.D. programs (n = 1,481). In Fall 2001, 17.6 percent of students enrolled in degree programs were enrolled in Ph.D. programs (n = 2,884). These numbers are telling of the dramatic growth in applications and enrollments, especially in health services/health planning/evaluation research degree programs, at schools of public health.

4. Estimate the current and projected demand for graduates of the proposed new degree program. Provide documentation about the sources of data used to estimate demand figures.

An overview of the demand for health services researchers includes: 1) review of overall predicted increases in the health services industry job market; 2) predicted increases in the need for health professionals generally and health services researchers specifically; and 3) selected recent and current opportunities from the landscape of academic, government, and industry health services research positions.

Health services is currently one of largest industries in the country, and about 13-14 percent of all wage and salary jobs created by 2010 will be in health services; nine of the 20 occupations projected to grow the fastest before 2008 are concentrated in health services (North Carolina

Health Careers, 2001; U.S. Department of Labor, Bureau of Labor Statistics, 2002). Of the nation's 30 fastest growing occupations, 17 are health-related and 10 are computer-related (Hecker, 2001). Occupations requiring a postsecondary degree, which accounted for 29 percent of all jobs in 2000, will account for 42 percent of total job growth from 2000 to 2010 (Hecker, 2001).

Among the major occupational groups, employment in the two largest – professional and related occupations, and service occupations – will increase the fastest and add the most jobs from 2000 to 2010. These major groups are expected to provide more than half of the total jobs from 2000 to 2010 (Hecker, 2001). Employment in professional and related occupations is projected to grow faster and add more workers than any other major group. In terms of employment share, professional and related occupations are expected to experience the largest increase, rising from 18.4 percent of total employment in 2000 to 20.1 percent in 2010. Three industry groups - business services; education; and health services - each will account for about a fifth of all growth (U.S. Department of Health and Human Services, 2002).

Employment in health services will continue to grow for a number of reasons. The elderly population will grow faster than the total population between 2000 and 2010. Advances in medical technology will continue to improve the survival rate of severely ill and injured patients, who will then require extensive therapy and care. Medical group practice and integrated health care systems (or Integrated Delivery Systems, IDS) will become larger and more complex, increasing the need for administrative support workers. Cost containment also is shaping the health care industry, as shown by growing emphasis on providing services on an outpatient, ambulatory basis; limiting unnecessary or low-priority services; and stressing preventive care that reduces the eventual cost of undiagnosed, untreated medical conditions. These factors will ensure robust growth in a massive and diverse industry. In this environment of rapid change and uncertainty, health services research has an important contribution to make in documenting and evaluating the effects of health care restructuring.

Health Services Research is an interdisciplinary field of inquiry, both basic and applied, that examines the use, costs, quality, accessibility, delivery, organization, financing, and outcomes of health care services to increase knowledge and understanding of the structure, processes, and effects of health care services for individuals and populations (Institute of Medicine, 1995). Just as health services research has helped decision-makers understand and shape the health care system of the past, it informs critical decisions by government officials, corporate leaders, clinicians, health plan managers, and even ordinary people making choices about health problems ranging from minor to catastrophic (Institute of Medicine, 1995). Current national discussions are sharpening policymakers' understanding of the need for accelerating the investment in health services research and in its dissemination, and every indication is that these investments will increase (McGinnis, et al., 2000; National Research Council, 1994; O'Neil and the Pew Health Professions Commission, 1998).

In 1995, the Institute of Medicine's Committee on Health Services Research identified approximately 5,000 health service researchers. Approximately half of the researchers for whom degree information was available had doctoral degrees and another 28 percent (mostly physicians) had clinical degrees. In general, the committee predicted expansion in the health services research work force and concluded that well-trained researchers with practical experience in health care organizations and in managing research units appear to be in short supply. Particular shortfalls were reported for those trained in both health services research and selected areas including: outcomes and health status measurement, epidemiology, health economics, statistics, and health policy. Overall, more than half of the organizations surveyed as part of the project (83, or 54%) indicated that they have had problems recruiting Ph.D.-level

health services researchers. Universities were more likely to report such problems: 70 percent reported having difficulties recruiting in health services research areas. Based on estimates from among 154 responding organizations, 660 health services research positions were expected to be available between 1995 and 2000. Indirect evidence for sustained interest in public health careers directly – and health services research careers indirectly – is also available. For example, the popular site for uncovering graduate education and training information (<http://www.gradschools.com>) currently lists 83 medical, biomedical, and health-related training program categories including “Health Services Research.” The highly related “Public Health” category is often listed as one of the 20 most frequent terms used to conduct degree program searches at the [gradschools.com](http://www.gradschools.com) website.

Graduates of the proposed Health Services Research doctoral program will be prepared to work in three general settings: as a faculty member of an academic institution; as a researcher for an independent research organization; or as a policy analyst or researcher with a government agency (Public Health Service, Agency for Healthcare Research and Quality, 2002). In 1995, approximately 45 percent of health service researchers were employed in non-university settings (Institute of Medicine, 1995). Current employment opportunities for health services researchers are robust, and are readily confirmed following brief review of selected job postings. As indicated in the previous review, all signs indicate that there is a growing need for competent health service researchers.

AcademyHealth (<http://www.academyhealth.org/career/employment.htm>) is attempting to serve as a national clearinghouse for academic, health care, and government health services research positions. The *Chronicle of Higher Education* remains the premier resource for available positions throughout higher education. Both the Public Health Employment Connection and the American Public Health Association list a significant number of relevant positions. Local health services research opportunities are also emerging. For example, Carolinas HealthCare System advertised for a person with a Ph.D. to serve as a Research Services/Research Epidemiologist at Carolinas Medical Center this past year. These reviews provide a representative pool of options that would be suitable and appropriate for graduates of a research-intensive, interdepartmental Ph.D. program in Health Services Research in the College of Health and Human Services at UNC Charlotte. (See Appendix C)

5. If there are plans to offer the program away from campus during the first year of operation: briefly describe these plans; indicate any similar programs being offered off-campus in North Carolina by other institutions (public or private); and estimate the number of full and part-time students that would be enrolled in the program during the first year of operation.

The proposed program will not be offered away from campus during the first year of operation.

6. Describe the procedures to be used to plan the proposed program. List the names, titles, e-mail addresses and telephone numbers of the person(s) responsible for planning the proposed program.

The proposed program was and will continue to be developed in a manner consistent with established practices at UNC Charlotte, including: intensive evaluation of new initiatives; peer review of academic proposals at all levels of faculty governance; and meaningful exchange between faculty and University administration, including the Dean of the Graduate School.

A committee representing individuals from each unit in the College was appointed by the Dean during fall 2002 to develop a ‘request for permission to plan’ a Ph.D. in Health Services Research. The committee, co-chaired by Dr. William C. Cody, Chair of Family and Community Nursing, and Dr. Andrew Harver, Chair of Health Behavior and Administration, submitted their

proposal to Dean Bishop on October 30, 2002. That proposal was submitted to Academic Affairs as part of the College's larger Academic Plan. A new College committee was appointed by Dean Bishop during spring 2003. The Health Services Research Ph.D. Planning Committee was co-chaired by Dr. Andrew Harver, Chair of Health Behavior and Administration and Dr. Pamala D. Larsen, Associate Dean and Director of the School of Nursing, to finalize this **Request for Authorization to Plan a New Doctoral Program in Health Services Research**. The committee accomplished their work through a structure that included representatives from the School of Nursing, the Department of Social Work, the Department of Kinesiology, and the Department of Health Behavior and Administration. Representatives from among these individuals will continue to serve on the interdepartmental College committee that will work to develop the **Request for Authorization to Establish a New Doctoral Program in Health Services Research**.

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7. Describe the method of financing the proposed new program (e.g., potential sources of funding) and indicate the extent to which additional state funding may be required.

The start-up costs for this Ph.D. program will be relatively modest for a new program at this level. The institution, especially the transformed College of Health and Human Services, has been sufficiently forward-looking in enabling its health-related agenda the past several years. For example, the new College of Health and Human Services building, which is scheduled to open in Spring 2006, will provide for 16,540 square feet of research, laboratory, and information technology space. Future doctoral programs in the College were a strong consideration in the design and development of the building design. All academic units will have dedicated office space for doctoral students. In general, financing for a Ph.D. program in Health Services Research is expected from three sources: the continued use and reallocation of current resources; reallocation of enrollment increase funding; and external grants and contracts.

An active research culture will serve to promote research, teaching, and mentoring relationships among faculty, students, and community partners. The most successful doctoral programs at UNC Charlotte will be those that can provide the majority of support needed to recruit, retain, and graduate especially talented students. Therefore, faculty efforts aimed at supporting full-time graduate students in the interdisciplinary Ph.D. program in Health Services Research will be especially valued. Efforts to secure external funding for research and for graduate student support in the College of Health and Human Services are paramount and have accelerated in recent years. For example, 40 percent of the extramural applications submitted two years ago by College faculty were funded.

Continued faculty efforts aimed at supporting full-time graduate students support will be especially valued. For example, the Agency for Healthcare Research and Quality provides competitive opportunities to support predoctoral and postdoctoral health services research education through a variety of programs, including: Health Services Dissertation Awards (R03); Individual Postdoctoral Fellowship Awards (F32); Institutional Training Awards (T32); and Predoctoral Fellowship Awards for Minority Students (F31). (See Appendix D for a brief list of relevant external funding opportunities for health services research.) Additional student support may be enabled indirectly through UNC Charlotte's participation in the University of North Carolina Academic Common Market.

The newly transformed College of Health and Human Services is poised and ready to fulfill its role, both in the short-term and in the long-term, to achieve excellence in innovative interdisciplinary programming and research.

This intent to plan a new program has been reviewed and approved by the appropriate campus committees and authorities.

Chancellor



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APPENDIX A

A brief list of relevant outcomes research citations

The focus of the proposed Ph.D. program in Health Services Research is the development and dissemination of new knowledge to improve both the practice and delivery of health and human services in individuals and populations through outcomes research on the effectiveness, quality, and organization of health care delivery systems. *Outcomes research seeks to understand the end results of particular health care practices and interventions. End results include effects that people experience and care about, such as change in the ability to function. For individuals with chronic conditions – where cure is not always possible – end results include quality of life as well as mortality. By linking the care people get to the outcomes they experience, outcomes research has become the key to developing ways to monitor and improve the quality of care. Supporting improvements in health outcomes is a strategic goal of the Agency for Healthcare Research and Quality (Outcomes research. AHRQ March 2000).*

Selected Readings

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APPENDIX B

External reviews of the proposed Ph.D. program

We have received four external reviews that confirm the importance, timeliness, and fit of an interdisciplinary Ph.D. program in Health Services Research from especially prestigious national experts (two from higher education and two from government). Such reviews are based on the considerable strengths evident to support the development of a strong interdepartmental program through the combined efforts of three academic units and four departments in the College of Health and Human Services.

External Reviews

William Spector, Ph.D. Dr. Spector received his Ph.D. in Social Policy from the Florence Heller School, Brandeis University. He currently serves as Senior Social Scientist, Center for Organization and Delivery Studies, Agency for Healthcare Policy and Research.

Robert M. Kaplan, Ph.D. Dr. Kaplan received his Ph.D. in Clinical Psychology from the University of California, Riverside. He currently serves as Chair and Professor, Department of Family and Preventive Medicine, School of Medicine, University of California San Diego. Dr. Kaplan has agreed to visit campus October 9-10, 2003, to review and consult on the proposed curriculum, and deliver the College's First Distinguished Lecture in Health Services Research.

Craig H. Blakely, Ph.D. MPH Dr. Blakely received his Ph.D. in Ecological Psychology from Michigan State University. He serves as Professor and Chair, Department of Health Policy and Management, School of Rural Public Health, Texas A & M University System Health Science Center.

Robin E. Remsburg, Ph.D. Dr. Remsburg received her Ph.D. in Nursing Research from the University of Maryland. She serves as Chief, Long-Term Care Statistics Branch, Division of Health Care Statistics, National Center for Health Care Statistics, Centers for Disease Control and Prevention.



June 19, 2003

Sue Bishop, B.S.N., M.S.N., Ph.D.
Dean, College of Health and Human Services
University of North Carolina Charlotte
9201 University City Blvd.
Charlotte, NC 28223-0001

Dear Dean Bishop:

I understand from Jim McAuley, who is currently serving as Long-Term Care Scholar in Residence at AHRQ, that an interdisciplinary PhD program in health services research is being proposed in your College. Health services research is a burgeoning area, and there is a substantial need for well-trained health care researchers. To be successful, any doctoral program in this area should select highly qualified applicants and provide them with the sophisticated specialized analytical and conceptual skill set that will ensure their success as health services researchers.

In previous discussions with Jim, I have expressed my concern that health services research programs, especially at the PhD level, should emphasize hands-on research experience while students learn about research in the classroom. One way that AHRQ may be able to assist in this is through our student internship program. Each year, we bring in well-qualified graduate students to work directly with agency staff on their ongoing research. Student interns have an opportunity to learn about the inner workings of the agency and have access to data that is not publicly available. They also receive financial compensation that helps to support their stay here. The student intern experience often results in co-authored presentations and publications. These positions are highly competitive, and I hope that those planning the health services research PhD program will seek to attract and train the kinds of graduate students whose internship applications would be successful. AHRQ also offers pre- and post-doctoral institutional training grants, research grants, and dissertation grants on topics of interest to the Agency. Foreign students are also eligible for the program but they have to obtain INS approval (which can take many months) for paid work outside of the program unless the University has a built-in internship option as part of the program.

Although at this point the details of your PhD in health services research are under development, I applaud your efforts and endorse the concept of a strong interdisciplinary program in this area. Most health services research problems need multidisciplinary work to solve them. I believe a researcher identifies problems to study based on training. A multidisciplinary training will allow a person to tackle issues that others in pure fields will shy a way from. Forming a research team made up of many disciplines is one approach, but the topics studied will be different, and even

I would also encourage you to consider a model in which students are assigned an adviser and work with the adviser on research projects while a student. This would be like the model commonly used in the physical sciences. I believe students only truly learn research by applying the skills learned in the classroom. The more applied training in the program the better.

I would also encourage you to expose students to both biostatistics and econometrics approaches to health services research. Often the solutions to standard HSR problems are different. Econometricians worry about selection and endogeneity while biostatisticians are more inclined to control with measured confounders and use hierarchical models and random effects models and bayesian techniques.

Sincerely

A handwritten signature in cursive script that reads "William D. Spector".

William Spector, PhD
Senior Social Scientist

c: Andrew Harver
Pam Larsen

UNIVERSITY OF CALIFORNIA, SAN DIEGO

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SANTA BARBARA • SANTA CRUZ

ROBERT M. KAPLAN, Ph.D.
PROFESSOR AND CHAIR
DEPT. OF FAMILY AND PREVENTIVE MEDICINE

SCHOOL OF MEDICINE
UNIVERSITY OF CALIFORNIA, SAN DIEGO
9500 GILMAN DRIVE, 0628
LA JOLLA, CALIFORNIA 92093-0628
OFFICE: (858) 534-6058
FAX: (858) 534-7517
EMAIL: rkaplan@ucsd.edu

July 8, 2003

Sue Bishop, B.S.N., M.S.N., Ph.D.
Dean, College of Health and Human Services
University of North Carolina Charlotte
9201 University City Blvd.
Charlotte, NC 28223

Dear Dean Bishop:

Dr. Andrew Harver shared with me the proposal for a new Ph.D. program in Health Services Research. We are particularly interested because our department has an active Health Services Research program and we are often in the market for graduates of the top programs.

I think the timing and content of the program is just right. Health services research is likely to grow as a field and North Carolina has always been a hot market for those with training. Some of the graduates can go into academia and many others can be absorbed by businesses in the triangle. I know that Dr. Harver and his colleagues are committed to a program of the highest academic caliber and I am confident that they can launch an exciting curriculum.

In summary, I was delighted to see the proposal for this new program. I hope you are willing to support it.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert M. Kaplan".

Robert M. Kaplan, Ph.D.
Professor and Chair



The Texas A&M University System Health Science Center



The School of Rural Public Health
1266 TAMU
3000 Briarcrest Drive, Suite 310
Bryan, Texas 77802
Phone: (979) 845-2387 Fax: (979) 458-1878

Department of Health Policy & Management

July 10, 2003

Sue Bishop, B.S.N., M.S.N., Ph.D.
Dean, College of Health and Human Services
University of North Carolina Charlotte
9201 University City Blvd.
Charlotte, NC 28223

Dear Dr. Bishop:

I am pleased to offer my assessment of the proposal to establish an interdisciplinary PhD training program in Health Services Research (HSR) at the College of Health and Human Services at UNC Charlotte. Having just recently established a new PhD program in HRS at the School of Rural Public Health at Texas A&M (our first cohort of students was admitted fall 2002), I am certainly familiar with both the process and the needs of a successful start-up.

Health Services Research is a rapidly growing field that is making very visible contributions to public health and health care delivery systems. It is no coincidence that we have seen a dramatic upswing in political discourse about various facets of our health system. It would be my assessment that the actions of our growing field of Health Services Research have directly impacted this discourse through the expanded application of the scientific method to the study of health systems. The field of Health Services Research is influencing policy and practice by bringing data that can stand up to public scrutiny, directly to decision makers. Further, decision makers, both in the political and practice arenas, are more frequently seeking out this information as a part of their standard operating procedures. The growth experienced in the field in the last ten years is driven by the demand for more and more information about quality, effectiveness and efficiencies in the delivery of health services.

Thus, the most pertinent questions about the wisdom of establishing a HSR program at UNCC really boil down to (1) the need for increasing capabilities in the region and (2) the strength of the proposed program from both a curricular and a capabilities perspective. I shall comment on each below.

As stated in the proposal, North Carolina is already well known for HSR capabilities in the state. The Sheps Center at UNC Chapel Hill is clearly regarded as one of the better health policy research organizations in the country. Supported by the well regarded School of Public Health on campus, the Center routinely puts out numerous white papers and peer reviewed papers on a wide variety of health related topics. Some of us in the field may know nearly as much about policies and services in North Carolina as we know about our own states. It is fertile ground and there appear to be good working relationships in place with practitioners across the state. However, I do not make these statements to argue that the Chapel Hill campus has covered all the bases. I merely seek to point out that strengths exist and the state itself is supportive of this sort of research enterprise.

Thus, I would argue that (1) the demand for HSR activities is growing so rapidly, particularly in states that are already convinced of the value of quality HSR, that there is clearly room for further expansion and (2) the focus of the proposed program at UNCC is quite complimentary with programs that already exist in the state. The true multidisciplinary foundation of the proposed program will broaden its appeal to both funding sources and potential students. The efforts to develop the new College of Health and Human Services reflect an existing commitment to build an interdisciplinary training capability in the state's largest city. One can only assume that this HSR PhD training program was a strong part of that vision that led to the original reorganization. This interdisciplinary PhD training program only makes sense given the recent justification to bring these groups together into a single college in the first place. The combination of policy and administration with nursing and social work as well as kinesiology establishes a fairly unique marriage of critical health care delivery system players who really allow the physician community to do their job. This convergence of strengths will provide a foundation for much critical thinking about interdisciplinary issues that we currently face in this country.

One of biggest failings of public health in its first 100 plus years, an issue heavily stressed in both the 1988 and 2003 Institute of Medicine reports on public health, is lack of communication. This is particularly true when considering communication with policy makers. One could go back to Thomas Kuhn and talk at length about the scientific method and objectivity. Certainly the HSR field has established its integrity. But HSR is NOT about disinterested researchers who are uninvolved in the uses of their research. The dissemination component, appropriately stressed in this program description, implies that the proactive involvement in the application of the findings is perhaps just as important as the rigor in the original research. The true impact of our efforts is realized only when the knowledge gained influences state-of-the-art practices. HSR provides a direct link to policy and practice. The interdisciplinary foundation of this program, coupled with its inherent emphasis of dissemination, assures that impacts are likely to be realized and clearly points this program in the proper direction.

Of course, the strength and quality of a program is determined by much more than the conceptual map that is articulated in a proposal. While this conceptual foundation is solid, a successful program must have the necessary administrative, fiscal and faculty support. It is readily apparent that the administrative support is present. At the College level, all three of the key Associate Deans are actively involved in the development of this program, from the newly arrived Associate Dean for Research (Buchanan, who incidentally has just recently contributed heavily to the birth of the HSR PhD training program in my department at Texas A&M) to those more directly involved in academic affairs (Neese and Larsen). Each of the departments is also actively represented at the administrative level (eg, Harver, Cody, Lightfoot & Larsen). Further, key senior faculty members are actively participating in the development of the program and are poised, ready for implementation. There is little question that the commitment to support this new program exists top-to-bottom within the college.

Further, it is imperative that the key faculty who will implement this plan have both the expertise and experience to pull it off. The track record of key faculty members identified in this proposal is exemplary. The substantive areas that are already represented touch on many of the key topics identified in the Healthy People 2010 document, our national health goals. Included are such HSR topics as access to care (Narine), pain management (Janke), prescription drug benefits (Buchanan), nursing long-term care (McAuley, Troyer, Cody), hospice care (Travis), and medication protocols (Moore). These works reflect cutting edge studies of key policy

Sue Bishop
July 10, 2003
Page 3

questions facing our health care system. By building on this existing foundation of quality, peer-reviewed work, and infusing an interdisciplinary commitment to dissemination, the proposed program in Health Services Research at the College of Health and Human Services at UNC Charlotte is well positioned to grow rapidly and contribute heavily to improvements in policies and practices in North Carolina and nationally.

I personally welcome this newly established program to the group of institutions preparing future health services researchers and look forward to crossing paths with colleagues both collaboratively and competitively as we together seek to champion improved population health in our country.

If I may lend any further support to discussions regarding the appropriateness of the formal establishment of this new interdisciplinary program in health services research, please feel free to contact me directly.;

Sincerely,

A handwritten signature in black ink, appearing to read "Craig H. Blakely". The signature is written in a cursive, flowing style.

Craig H. Blakely, PhD, MPH
Professor and Chair
Department of Health Policy and Management



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control and Prevention

National Center for Health Statistics
3311 Toledo Road
Hyattsville, Maryland 20782

July 10, 2003

Sue Bishop, BSN, MSN, PhD
Dean, College of Health and Human Sciences
University of North Carolina Charlotte
9201 University City Blvd.
Charlotte, North Carolina 28223

Dear Dr. Bishop:

I am writing to express my enthusiastic support for the proposed Health Services Research PhD Program at the University of North Carolina Charlotte. UNCC is well positioned to develop a premier Health Services Research Program. The UNCC academic resources, and the interdisciplinary faculty and the community health system partners within the College of Health and Human Services create an ideal foundation for this new program. The distinguished faculty members responsible for developing the curriculum have proven track records in health services research and demonstrated ability in obtaining external funding which will provide the vast array of research experiences doctoral students will need as they progress through their academic studies. I commend the faculty on their vision and commitment to preparing a much-needed new generation of health services researchers.

As the complexity of our health care systems increases, with the development of new technological and medical advances resulting in growing numbers of people with chronic diseases living longer, and with the occurrence of new and emerging health problems, we will need more academically prepared health services professionals. I am confident that the Health Services Research program UNCC is planning, will prepare HSR who have the intellectual and analytic skills to investigate the many complex health care issues that lay ahead. The professionals you prepare will find many opportunities to contribute to our knowledge of how health care practices and the health care delivery system affect both individuals and populations.

I encourage you to look to the National Center for Health Statistics (NCHS) a source of health system and health care information for both student and faculty research. NCHS also offers a variety of training opportunities and educational experiences for students including the NCHS University Visitation Program, which send technical staff members to schools and universities to share information on the Center's national health care surveys; the NCHS/Academy Health Policy Fellowship, which brings visiting scholars in health services research and related disciplines to NCHS to collaborate on studies of interest to policymakers and the health services research community using NCHS data systems; the NCHS Postdoctoral Research Program, which offers unique opportunities for specialized research in the areas of statistics, survey methodology, information science and epidemiology; and the NCHS data users conferences, held periodically, which provide updated information on survey activities and guidance on how to use data from NCHS surveys.

In closing, I applaud you for considering establishing a new program in Health Services Research at the University of North Carolina Charlotte. Good luck in this endeavor.

Best regards,

Robin E. Remsburg

Robin E. Remsburg, PhD, APRN, BC
Chief, Long-term Care Statistics Branch
Division of Health Care Statistics
National Center for Health Statistics

APPENDIX C

Selected health services research employment opportunities

Current employment opportunities for health services researchers are readily confirmed following brief review of selected job postings. We attach a representative listing of opportunities from higher education, government, and industry for health services researchers.

Health Services Research Career Postings

AcademyHealth	www.academyhealth.org
Chronicle of Higher Education	http://jobs.chronicle.com
Public Health Employment Connection	http://cfusion.sph.emory.edu
American Public Health Association	http://apha.jobcontrolcenter.com



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Faculty/University-Related Positions

[Associate Professor/Division Chief Health Services Research](#)

Department of Community and Preventive Medicine, University of Rochester
School of Medicine and Dentistry
Rochester, NY
(June 10 - July 10, 2003)

[Chair of Health Management and Policy](#)

School of Public Health, University of North Texas Health Science Center
Fort Worth, TX
(June 1 - July 8, 2003)

[Faculty Positions](#)

Department of Family Practice, Virginia Commonwealth University (VCU)
Richmond, VA
(May 7 - July 7, 2003)

Researchers/Non-Faculty Positions

[Research Health Scientist](#)

VA Information Resource Center (VIREC)
Hines, IL
(June 11 - August 11, 2003)

[Senior Research Analyst/Director – Healthcare](#)

Mid-Atlantic region
(June 10 - July 10, 2003)

[Health Services Researcher](#)

Marshfield Clinic Research Foundation, Center for Health Services Research
Marshfield, WI
(June 9 - July 9, 2003)

[Senior Level Research Scientist - Health Services](#)

American Institutes for Research
Washington, DC
(June 5 - August 5, 2003)

[Service Fellow Researcher](#)

Office of Applied Studies (OAS), Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health & Human Services
Rockville, MD
(June 2 - July 2, 2003)

[Clinical Epidemiologist](#)

American College of Physicians
Philadelphia, PA
(May 29 - June 29, 2003)

[Social Science Analyst](#)

U.S. Agency for Healthcare Research and Quality
Rockville, MD
(May 28 - June 28, 2003)

[Sr. Director/ VP](#)

Applied Research, Content Development & Custom Solutions, Solucient
Evanston, IL
(May 23 - June 23, 2003)

[Sr. Research Associate](#)

The AMA Institute for Ethics
Chicago, IL
(May 23 - July 23, 2003)

[Health Services Researcher](#)

The Center for Chronic Disease Outcomes Research (CCDOR) and Colorectal Cancer Quality Enhancement Research Initiative (CRC QUERI)
Minneapolis, MN
(May 23 - June 23, 2003)

[Health Services Researcher](#)

Center for Chronic Disease Outcomes Research, VAMC (152/2E)
Minneapolis, MN
(May 23 - June 23, 2003)

[Health Services Researcher](#)

Marshfield Clinic Research Foundation, Center for Health Services Research
Marshfield, WI
(May 14 - June 14, 2003)

[Director of Student and Applicant Data Systems Studies](#)

Association of American Medical Colleges (AAMC)
Washington, DC
(March 11 - July 11, 2003)

Health Policy Related Positions[Outcomes Research Scientist](#)

Pfizer, Inc.
New York, NY
(June 13 - July 13, 2003)

[Demonstration Projects](#)

CorSolutions, Inc.

Rosemont, IL
(June 10 - July 10, 2003)

[Position of Director, Division of Health Care Statistics](#)

National Center for Health Statistics, Centers for Disease Control and Prevention
(CDC), Department of Health and Human Services
Hyattsville, MD
(June 5 - August 5, 2003)

[Clinical Epidemiologist](#)

American College of Physicians
Philadelphia, PA
(May 29 - June 29, 2003)

[Research Analyst](#)

Health Dialog
Portland, ME
(May 14 - July 14, 2003)

Fellowships

[Postdoctoral Fellowship](#)

San Antonio VA Medical Center's Health Services Research and Development
Center of Excellence
San Antonio, TX
(May 15 - June 15, 2003)

[Research Fellowship](#)

Rehabilitation Outcomes and Intervention Effectiveness
UMDNJ/Kessler Medical Rehabilitation Research & Education Corp.
West Orange, NJ
(April 17 - June 17, 2003)

[AcademyHealth Fellowships](#)



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Faculty/University-Related Positions

[Health Services Research](#)

South Texas Veterans Health Care System
San Antonio, TX
(June 19 - August 19, 2003)

[Associate Professor/Division Chief Health Services Research](#)

Department of Community and Preventive Medicine, University of Rochester
School of Medicine and Dentistry
Rochester, NY
(June 10 - July 10, 2003)

Researchers/Non-Faculty Positions

[Senior Health & Aging Policy Researcher](#)

RAND
Santa Monica, CA
(July 9 - September 9, 2003)

[Research Associate, ISOA](#)

The Outcomes Research Program (ORP)
Institute for the Study of Aging (ISOA)
New York, NY
(July 3 - August 3, 2003)

[Health Science Officer](#)

Department of Veterans Affairs
Health Services Research & Development (HSR&D)
Washington, DC
(June 27 - July 27, 2003)

[Health Science Specialist](#)

Department of Veterans Affairs
Health Services Research & Development (HSR&D)

Washington, DC
(June 27 - July 27, 2003)

[Director of Public Health Studies](#)
Kansas Health Institute
Topeka, KS
(June 24 - July 24, 2003)

[Health Services Researchers](#)
The MayaTech Corporation
Washington D.C. and Atlanta, GA
(June 19 - July 19, 2003)

[Health Services Research](#)
South Texas Veterans Health Care System
San Antonio, TX
(June 19 - August 19, 2003)

[Research Associate](#)
American Hospital Association
Health Research & Educational Trust (HRET)
Washington, DC
(June 19 - July 19, 2003)

[Research Leader/Manager of Health Services Research](#)
Battelle Memorial Institute Health and Life Sciences
Centers for Public Health Research and Evaluation (CPHRE)
Arlington, VA
(June 18 - August 18, 2003)

[Assistant/Associate Researcher, Professional Research Series](#)
Center for Community Partnerships in Health Promotion, The Department
Medicine, University of California at Los Angeles
Los Angeles, CA
(June 17 - July 17, 2003)

[Research Health Scientist](#)
VA Information Resource Center (VIREC)
Hines, IL
(June 11 - August 11, 2003)

[Senior Research Analyst/Director - Healthcare](#)
Mid-Atlantic region
(June 10 - July 10, 2003)

[Health Services Researcher](#)
Marshfield Clinic Research Foundation, Center for Health Services Research
Marshfield, WI
(June 9 - July 9, 2003)

[Senior Level Research Scientist - Health Services](#)
American Institutes for Research
Washington, DC
(June 5 - August 5, 2003)

[Sr. Research Associate](#)

The AMA Institute for Ethics
Chicago, IL
(May 23 - July 23, 2003)

[Director of Student and Applicant Data Systems Studies](#)

Association of American Medical Colleges (AAMC)
Washington, DC
(March 11 - July 11, 2003)

Health Policy Related Positions

[Research Associate, ISOA](#)

The Outcomes Research Program (ORP)
Institute for the Study of Aging (ISOA)
New York, NY
(July 3 - August 3, 2003)

[Program Assistant, International Program in Health Policy](#)

The Commonwealth Fund
New York, NY
(June 25 - July 25, 2003)

[Director of Public Health Studies](#)

Kansas Health Institute
Topeka, KS
(June 24 - July 24, 2003)

[Policy Analyst](#)

Kaiser Permanente Institute for Health Policy
Oakland, CA
(June 23 - July 23, 2003)

[Health Services Researchers](#)

The MayaTech Corporation
Washington D.C. and Atlanta, GA
(June 19 - July 19, 2003)

[Manager of Reimbursement & Outcomes Planning](#)

Boston Scientific Corporation
San Jose, CA
(June 19 - July 19, 2003)

[Health Services Analyst](#)

ECRI
Plymouth Meeting, PA
(June 18 - July 18, 2003)

[Outcomes Research Scientist](#)

Pfizer, Inc.
New York, NY
(June 13 - July 13, 2003)

[Demonstration Projects](#)

CorSolutions, Inc.
Rosemont, IL
(June 10 - July 10, 2003)

[Position of Director, Division of Health Care Statistics](#)

National Center for Health Statistics, Centers for Disease Control and Pr
(CDC), Department of Health and Human Services
Hyattsville, MD
(June 5 - July 22, 2003)

[Research Analyst](#)

Health Dialog
Portland, ME
(May 14 - July 14, 2003)

Fellowships

[UCDavis Primary Care Outcomes Research Fellowship](#)

Davis, CA
(June 23 - July 23, 2003)

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UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

POSTDOCTORAL FELLOWSHIP IN HEALTH SERVICES AND HEALTH POLICY RESEARCH

Postdoctoral fellowship positions are available in the Health Services Research Training Program at the University of California, San Francisco. The program provides multi-disciplinary, advanced training to social scientists, nurses, physicians and other health professions. Co-sponsored by the Institute for Health Policy Studies, School of Medicine and the Institute for Health & Aging, School of Nursing, the program include a curriculum of health policy and health services research courses and supervised experience in existing research projects. Stipends available through the program range from \$31,092-\$48,852 annually depending on years of postdoctoral experience.

The application deadline is December 2, 2002 and fellowship training will begin September 1, 2003. Please direct requests for information and application to: Ernestine Florence, Fellowship Program Coordinator, Institute for Health Policy Studies, University of California, 3333 California Street, Suite 265, San Francisco, CA 94118. Ms. Florence can also be reached via phone 415/476.4924, via Fax 415/476.0705 or via email firenzi@itsa.ucsf.edu <<mailto:firenzi@itsa.ucsf.edu>> OR you can download the information from the Institute's website: ihps.ucsf.edu (DO NOT USE the "www").

MEDICAL COLLEGE OF WISCONSIN

Cost-Effectiveness Research Scientist / Assistant Professor

The Center for AIDS Intervention Research (CAIR) at the Medical College of Wisconsin is seeking candidates with interests and experience in cost-effectiveness analysis, **health outcomes research**, epidemiological modeling, or health policy to join its Cost-Effectiveness Studies Core.

CAIR is an NIMH-supported HIV prevention research center with 12 full-time and 10 affiliated faculty investigators, and a support staff of 50 persons. CAIR's research focuses on evaluating the effectiveness and cost-effectiveness of individual, group, and community-level behavioral interventions to prevent HIV transmission and its harmful consequences. CAIR has an active and highly productive cost-effectiveness/health policy core with expertise in the cost-effectiveness of HIV prevention interventions, epidemiological modeling, resource allocation, and prevention policy.

All candidates must have excellent quantitative, analytic, and organizational skills, and the ability to collaborate effectively with diverse research teams. Candidates for the Assistant Professor position (tenure-track faculty) also should have applicable research experience in one or more of the following: HIV/STD prevention, cost-effectiveness analysis (or other economic evaluation techniques), health policy, epidemiological modeling, behavioral sciences, or health outcomes research. Specific knowledge of HIV/AIDS is **not** required. Rank and compensation will be commensurate with background and experience.

CAIR is located in Milwaukee, Wisconsin--a vibrant and progressive city

UNIVERSITY OF TEXAS MEDICAL BRANCH

THE DEPARTMENT OF PREVENTIVE MEDICINE AND COMMUNITY HEALTH

United States, Texas, Galveston

Subject: Position Available - US

Faculty Position

Health Services Research / Health Economics

The Department of Preventive Medicine and Community Health (PMCH) at the University of Texas Medical Branch (UTMB) is recruiting a tenure-track Assistant/Associate Professor with expertise in **health services research** and health economics. A doctoral degree in a health related discipline is required and postdoctoral experience is expected.

At the assistant professor level the successful candidate will have a record of published research in refereed journals and the potential to obtain external grant funding. Individuals applying at the associate professor level must have an established research program and evidence of refereed publications in respected journals. Responsibilities include contributing to funded research programs related to health care outcomes, teaching courses, and supervising graduate students in the health services research curriculum. Preference will be given to candidates with previous publications and funding in aging and/or minority health.

Interested candidates should submit a curriculum vita, and the names and addresses of three references familiar with the candidate's academic abilities and potential to:

Billy U. Philips, Jr., Ph.D.
Department of Preventive Medicine and Community Health
The University of Texas Medical Branch
301 University Blvd.
Galveston, TX 77555-1147
Email: bphilips@utmb.edu

COLLEGE OF WISCONSIN

THE CENTER FOR AIDS INTERVENTION RESEARCH (CAIR) AT THE MEDICAL

United States, Wisconsin, Milwaukee

Cost-Effectiveness Research Scientist / Assistant Professor

The Center for AIDS Intervention Research (CAIR) at the Medical College of Wisconsin is seeking candidates with interest's and experience in cost-effectiveness analysis, **health outcomes research**, epidemiological modeling, or health policy to join its Cost-Effectiveness Studies Core. CAIR is an NIMH-supported HIV prevention research center with 12 full-time and 10 affiliated faculty investigators, and a support staff of 50 persons. CAIR's research focuses on evaluating the effectiveness and cost-effectiveness of individual, group, and community-level behavioral



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The Pennsylvania State University School of Nursing, which offers multiple nursing educational programs including a 3 year-old HRSA funded PhD program in Nursing, is building a cadre of nurse scholars pursuing programs in Health Services Research (HSR). Thus, the school is actively searching for two junior level (Assistant Professor) tenure-track nurse health services researchers. Candidates must be doctorally prepared and hold an earned masters degree in Nursing. These scientists will join an academic community with an active Health Services Research portfolio and a growing group of funded nurse researchers, including a faculty member with an established HSR program. Collaborative opportunities are plentiful with faculty from the Department of Health Policy and Administration. We are particularly interested in attracting scholars who are interested in studying health care quality, health outcomes, health work force issues, hospital organization, the organization of nursing, access, and costs, but researchers interested in any aspect of Health Services Research are urged to apply. The positions entail development of a program of Health Services Research, excellent teaching, and service to the university, the profession, and society.

Chartered in 1855 as the Commonwealth's sole land-grant institution, the Pennsylvania State University has developed into a world-class learning community--holding Carnegie designation as one of 100 "Research I Universities" in the United States. Penn State's \$440 million-a-year research program spans the University's many disciplines and is integrated into the academic environment at both undergraduate and graduate levels. The School of Nursing enjoys the benefits of a supportive, comprehensive, research-intensive university. Rich university resources support faculty scholarship and collaboration including: The College of Health and Human Development Research Methodology Center, The Survey Research Center, The Center for Health Policy Research, The Institute for Policy Research and Evaluation, The Social Sciences Research Institute, the Population Studies Institute, the College of Medicine Department of Health Evaluation Sciences, and the School of Nursing Research Office. The promise of outstanding scholarly accomplishments is required.

Please submit curriculum vitae, three letters of reference, and other supporting information (e.g., reprints, preprints, and so forth) to:

Relevant Information about Penn State and our Community

Dr. Donna S. Havens
The Elouise Ross Eberly Professor of
Research and Chair
School of Nursing
Health Services Research Search
Committee
201 Health and Human Development
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Assistant Professor

(Health Behavior/Health Services Research)
 Department of Health Behavior and Administration
 University of North Carolina Charlotte
 Charlotte, NC
 (December 31, 2002 - January 31, 2003)

The Department of Health Behavior and Administration at the University of North Carolina Charlotte invites applications for a tenure-track position at the Assistant Professor level to begin August, 2003. Applicants must have a Ph.D. (by August, 2003) in health behavior, health services research, public health, or a related field. The successful candidate will join an established research intensive unit in the transformed College of Health, Behavior and Human Services; and the candidate will contribute to expansion and development of initiatives in health services research, community health behavior, and health administration. Preference will be given to candidates with a focused research agenda, current research funding or strong evidence of potential for establishing a successful program of funded research, and significant teaching experience at undergraduate and graduate levels. Candidates with research programs incorporating one or more of the following areas are preferred: health outcomes research methods, assessment, evaluation; community health; health disparities; cost-effective interventions. Applications - including a vita, a description of a research agenda, a statement of teaching philosophy, a copy of all graduate transcripts, and three letters of recommendation - should be sent to Chair, Search Committee, Department of Health Behavior and Administration, University of North Carolina Charlotte, 9201 University City Blvd., Charlotte, NC 28223. The candidates will begin February 15, 2003 and continue until the position is filled. UNC Charlotte is an Equal Opportunity/Affirmative Action institution. Women and minorities are urged to apply.

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may 29, 2003

Three new chairs in health services and nursing research funded

New generation of nursing researchers to be trained and mentored

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(The Blue Book)

by **Steven de Sousa**

June 14, 2000 -- U of T will get three new chairs in health services and nursing research, thanks to a \$20 million commitment by the **Canadian Health Services Research Foundation** (CHSRF) and the **Canadian Institutes of Health Research** (CIHR).

With further support from a number of regional co-sponsors, the national chairs program will focus on training and mentoring a new generation of researchers at the graduate, post-graduate and junior faculty levels in the areas of nursing and health services.

"This is an innovative first step in developing a critical mass of researchers in fields that have a direct impact on the quality and effective delivery of services in Canada's healthcare system," said Jonathan Lomas, executive director of the foundation. "By training students to work in partnership with policy makers and managers, these chairs represent a unique approach to support the transfer of knowledge and research results to those responsible for managing our healthcare systems."

According to Dr. Alan Bernstein, newly appointed president of the CIHR, the chairs reflect the restructuring of health research that was initiated with the establishment of the CIHR. "This type of partnership is important to help keep our best students and researchers in Canada, and to facilitate the use of health services and nursing research in the management of the health system," he said.

The U of T recipients are Peter Coyte of **health administration**, Linda Lee O'Brien-Pallas of **nursing** and Dr. Paula Goering of **psychiatry** and the **Centre for Addiction and Mental Health**.

Coyte is a co-founder and co-director of U of T's **Home Care Evaluation and Research Centre**. As a chairholder, Coyte's work will focus on performance measures in homecare, including the development of reliable appraisal tools and encouragement of the use of research-based evidence in homecare policy-making. Coyte will work in collaboration with 11 agencies, including homecare providers.

Specializing in issues of human resources in nursing, O'Brien-Pallas is co-principal investigator of the **Nursing Effectiveness Utilization and Outcomes Research Unit**, a joint venture with McMaster University. She will work in collaboration with the Ministry of Health and Long-Term Care and the University Health Network in a program focused on human resources in healthcare and related policy making.

A professor of psychiatry, nursing and health administration, Goering is also director of the Health Systems Research and Consulting Unit at the Centre for Addiction and Mental Health. In conjunction with the Ministry of Health and Long-Term Care and the Federal/Provincial/Territorial Advisory Network on Mental Health, Goering's program will focus on developing continuous interaction between researchers and policy makers and on the dissemination of best practices.

"These new chairs will improve Canada's ability to understand and apply the very best knowledge and practices to improve the quality of care and the quality of life for Canadians," said Heather Munroe-Blum, vice-president, (**research and international relations**). "We are delighted to partner with the CHSRF and the CIHR to further advance the contributions U of T can make to the Canadian healthcare system."

Steven de Sousa is a news services officer with the Department of Public Affairs.

CONTACT:

U of T Public Affairs, ph: (416) 978-5949; email:
news.events@utoronto.ca

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PRE- AND POST-DOCTORAL FELLOWSHIPS IN HEALTH SERVICES RESEARCH

University of California, Los Angeles & RAND Corporation

Outstanding students and professionals are invited to apply for training in health services research and policy analysis at one of the premier Schools of Public Health in the nation. The UCLA School of Public Health and RAND Corporation are pleased to announce doctoral and post-doctoral training grants from the **AGENCY FOR HEALTHCARE RESEARCH AND QUALITY**. A total of six awards will be available in 2003-2004. Doctoral awards include fees, tuition and an annual stipend of \$18,156. Post-doctoral awards include fees, tuition and an annual stipend ranging from \$31,092-\$48,852 per year. Grants will be available to students in the field of Health Services, Epidemiology, Sociology or Economics. Applicants for pre-doctoral funding must first be admitted to their degree program of choice. Applicants must be US citizens or permanent residents. For applications & further information please visit our website at <http://www.ph.ucla.edu/hs/application.html> or contact:

Nanette Ramzan
Department of Health Services
UCLA School of Public Health
PO Box 951772
Los Angeles, CA 90095-1772
Phone: 310-825-7863
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Position: Rehab Outcomes Scientist/Assoc. Dir. of Outcomes Research

Institution: Kessler Medical Rehabilitation Research & Education Corporation

Location: New Jersey

Date posted: 8/30/2002

Rehabilitation Outcomes Research Scientist/Associate Director of Outcomes Research

Kessler Medical Rehabilitation Research and Education Corporation located in WEST ORANGE, NJ, is currently seeking a Full Time Professional Scientist.

Qualified candidate must have interest and skills relevant to research on the outcomes of rehabilitative interventions for persons with disability; measurement of functioning and quality of life; cost-effectiveness; quality of care; and policy-oriented research; in stroke, TBI, SCI, or other conditions seen in medical rehabilitation programs.

Requirements: Post-Doctoral success in publishing; experience in grant writing; strong statistical and data management skills; qualifications as Assistant or Associate Professor.

Send E-mail with CV and any questions or comments to: careers@kmrrec.org. We will contact you if your qualifications are of interest. EOE M/F/D/V.

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US-RI-Providence-HEALTH SERVICES RESEARCHER

FROM: Barbara Silva, Employment Representative

JOB TITLE: Health Services Researcher

DATE: November 1, 2002

DEPARTMENT: Health & Lifestyle Management

Job Duties: Research public health, health promotion issues/ opportunities , and develop resources for behavioral health grant funding opportunities. Act as the behavioral and public health research expert advisor for all BluePrint for Life initiatives. Coordinate ideas from community coalitions, design research studies and write grant proposals for submission. Oversee ongoing research studies through all phases through to completion .

SPECIAL SKILLS:

- Master's degree in behavioral or public health field, Ph.D. preferred.
- Excellent technical writing and editing skills.
- Strong communications and verbal skills.
- Ability to manage diverse and deadline-oriented workflow while maintaining high standards of quality, accuracy and effectiveness.
- Specific knowledge of health care system to determine financial resources of research grants.
- Strong interpersonal skills to interact effectively with all levels of management, both internal and external.
- Excellent time management and problem solving skills, a must.

EXPERIENCE REQUIRED: Five years experience in behavioral or public health research with significant grant proposal development experience. Background in health care issues and external experience in technical writing. Writing samples will be required.

SALARY RANGE: TO BE DETERMINED

Interested applicants may submit a resume to: silva.b@bcbsri.org
or may mail or fax their resume to:

Barbara Silva
Human Resources Dept.
Blue Cross & Blue Shield of Rhode Island

MEDTAP International, Inc.

US-MD-Bethesda-Research Scientist - Health Outcomes Research

Research Scientist - Health Outcomes Research

MEDTAP International provides health economic and outcomes research and consultancy services to industry, health service and government clients around the world. MEDTAP scientists perform challenging work in a stimulating, collegial environment where everyone is dedicated to conducting the highest quality research in the industry. We currently have openings in our Bethesda, MD headquarters for the following positions.

Research Scientist – Health Outcomes Research
(1 Position - Bethesda, MD location)

Responsibilities associated with this position include:

Designing and conducting studies to evaluate the value of new health care interventions, including pharmaceuticals and medical devices -- these studies will include the evaluation of health-related quality of life (HRQL) and other patient-reported outcomes (PROs), and will involve instrument development and psychometric evaluation

Developing business and fostering client relations

Presentation of research, including dissemination at scientific conferences and submission of manuscripts to peer-reviewed scientific journals

Supervising mid-level staff

Job Requirements:

PhD in psychology, sociology, health services research, or biostatistics, with minimum of 3 years experience working within or for the pharmaceutical or medical device industry; or Master's equivalent with minimum of 5 years experience

A minimum of three years experience in instrument development and psychometric evaluation is preferred

Ability to communicate effectively with peers and mid-level staff

Demonstrated expertise in the field such as publications in peer-reviewed journals or abstracts presented at national meetings is highly valued.

MEDTAP values a team-oriented, collaborative approach in its work. Candidates will have an opportunity to work with leaders in the field of pharmacoeconomics and health outcomes research. MEDTAP offers a competitive compensation package as well as the necessary resources and rewards to enhance your career. For consideration please email (careers@medtap.com), fax (301-654-7521) or mail your CV to:

APPENDIX D

A brief list of relevant external funding opportunities for health services research

The National Institutes of Health, and other components of the U. S. Department of Health and Human Services, fund health services research. The Agency for Healthcare Research and Quality (AHRQ) is the federal agency that funds and provides information on health care outcomes. The agency was recreated in December 1989 as the Agency for Health Care Policy and Research (AHCPR), as a Public Health Service agency in the Department of Health and Human Services. The main function of the agency is to sponsor and conduct research and, perhaps more importantly, to provide graduate training opportunities, to enable the development and dissemination of new knowledge to improve both the practice and delivery of health and human services in individuals and populations through outcomes research on the effectiveness, quality, and organization of health care delivery systems.

