RISING TO THE CHALLENGE: A CALL TO ACTION

Rising to the Challenge: The Campaign for Johns Hopkins will raise unprecedented levels of support to attract, sustain, and empower the students and faculty of Johns Hopkins, who through their work improve the lives of millions around the world. Together with our philanthropic partners we will:

ADVANCE DISCOVERY AND CREATIVITY through support of our exceptional faculty. Their innovative work drives the development of new knowledge, new forms of expression, and new ways to save lives and improve health across our core disciplines in science and technology, the humanities and arts, and public health and medicine.

ENRICH THE STUDENT EXPERIENCE by investing in scholarships and fellowships, inspirational spaces for collaborative learning and social opportunities, and new programs that will enhance student-faculty interactions, ensure diversity on campus, link learning in the classroom to life after graduation, and strengthen connections between our students and our communities.

SOLVE GLOBAL PROBLEMS AS ONE UNIVERSITY by creating new cross-disciplinary solutions in crucial areas such as sustaining global water resources, revitalizing America’s cities, advancing the health of individuals and populations, and understanding how we learn and teach.

With your help, the Bloomberg School will play a key role in the success of the campaign.
DEPARTMENT AT A GLANCE

Chair: Ellen MacKenzie, MSc '75, PhD '79

History: Founding department in the world’s oldest school of public health, consistently ranked #1 by U.S. News & World Report.

Size and scope: 70+ full-time faculty and 300+ students.

Centers: Center for Gun Policy and Research; Center for Health Services and Outcomes Research; Center for Hospital Finance and Management; Center for Law and the Public’s Health; Center for Population Health Information Technology; Hopkins Center for Health Disparities Solutions; Johns Hopkins Center for Injury Research and Policy; Johns Hopkins Evidence-Based Practice Center; Johns Hopkins Institute for Health and Social Policy; Johns Hopkins Primary Care Policy Center; Roger C. Lipitz Center for Integrated Health Care; Risk Sciences and Public Policy Institute. The Department is also affiliated with the University-wide Johns Hopkins Berman Institute of Bioethics.

DEPARTMENTAL PROFILE

“The tip of the spear” is how Dean Michael J. Klag, MD, MPH ’87, describes the Department of Health Policy and Management (HPM). By collecting data on morbidity and mortality, then carefully analyzing the roles of social, environmental, and behavioral factors, public health researchers can identify how disease is transmitted and how it can be prevented and treated most effectively. Yet even the most brilliant research is moribund if it cannot be translated into well-crafted policy that achieves intended results. And bad policy can be worse than no policy!

The policymaking process has been likened to sausage making—both messy. HPM strives to bring some order to the process by working with decision makers to develop rational, evidence-based arguments in support of new and improved policies. The faculty’s unmatched policymaking expertise provides a sound basis for effecting constructive systemic changes for promoting health, for monitoring and evaluating the results of those changes, and for training tomorrow’s leading policymakers and administrators. The Department boasts a diverse, interdisciplinary group of scholars—from social scientists and health economists to legal scholars, policy analysts, management scientists, and ethicists. Many hold joint appointments in the schools of Medicine, Nursing, Arts and Sciences, and Engineering, and the Department benefits from well-established collaborations with the faculty, students, and patients of Johns Hopkins Medicine.

The Department strives to identify and implement policy options that protect the health of populations; to develop strategies that improve access, financing, organization, and delivery of preventive and curative health services, particularly as they affect the most vulnerable; and to identify strategies for enhancing the effectiveness and efficiency of the health care system in addressing the most pressing medical and mental health problems. The economic and geographical factors that shape relationships among health care institutions can be just as important in determining health care costs and patient outcomes as factors within each institution. In a study recently published in the New England Journal of Medicine, HPM chair Ellen MacKenzie found that when trauma centers operate too close to one another, they compete for specialists and have fewer patients to recoup high fixed expenses for staffing and technology. That can end up costing consumers because hospitals bill insurers to cover their expenses, and insurers pass on those costs in the form of higher premiums, deductibles, and co-pays. “The more patients trauma surgeons take care of, the better they do in terms of treatment,” MacKenzie said. “But with too many trauma centers, you dilute that effect.”

MacKenzie’s work builds on nearly a century of HPM’s leadership in shaping and implementing health care policy. HPM faculty have periodically conducted reviews of the Baltimore City and state of Maryland health departments, helping to elevate their reputations as national leaders in health reform. The Maryland Medical Care program, established in 1945 with extensive input from the School’s faculty,
was a model for statewide plans to provide comprehensive care to low-income citizens, and later became a template for Medicaid. HPM’s ongoing research on the plan provided the early data and national guidelines on critical issues such as promoting quality and cost savings via prescription drug formularies and linking socioeconomic status, health care access, and health outcomes.

Today, HPM faculty are at the center of the debate on health reform initiatives. The policy implications for financing and implementing the Patient Protection and Affordable Care Act over the next few years will be extraordinary. HPM faculty are conducting applied policy research that will be essential to anticipating likely effects, providing advice grounded in research related to the effects of different design choices in the implementation phase, and eventually evaluating the effects of the numerous provisions of the law.

Three HPM centers are continuing the Department’s cutting-edge leadership in shaping health reform and improving the quality and availability of health services across the system.

The Roger C. Lipitz Center for Integrated Health Care, established in 1998 through a generous gift from Roger Lipitz and the Lipitz Family Foundation, strives to discover and disseminate practical, cost-effective approaches to providing comprehensive, coordinated, and compassionate health care to chronically ill people and their families. One of the Center’s early contributions was the development and dissemination of an internationally acclaimed new model of comprehensive health care for patients with multiple chronic conditions, called “Guided Care.”

Since 1969, the Johns Hopkins Center for Health Services and Outcomes Research (CHSOR) has advanced the field of health services research focusing on the organization, financing, staffing, and technology of health services, as well as the impact on use, cost, and quality of care. The development of the Johns Hopkins ACG (Adjusted Clinical Groups) System is just one example of the influential work spearheaded by faculty of the Center. The ACG system has become the most widely used population-based diagnostic risk-adjustment system in the world, helping more than 250 health care organizations manage care for tens of millions of patients globally.

Today, the Center has expanded its traditional emphasis on health care organization, financing, quality, and cost-effectiveness to include comparative effectiveness and patient-centered outcomes research. Despite the enormous volume of medical research—18,000 randomized controlled trials published each year—the answer to “Is this the best treatment for me?” is still elusive. A goal of the revitalized Center is to answer this question for individual patients so that they and their health care...
providers can make optimum health care choices.

As early as the 1960s, the JHSPH departments of HPM and Biostatistics together helped create the field of health informatics and established the National Death Index database, now maintained by the Centers for Disease Control's National Center for Health Statistics. Using modern computing technology, HPM faculty helped build the foundation of today's “big data” approach, which bases health policy and management strategies on rigorous epidemiological research.

To build further on these accomplishments, HPM launched the Center for Population Health Information Technology (CPHIT) in 2012. The Center will use the faculty's robust knowledge base in public health, medicine, informatics, computer science, and systems engineering to improve and expand the use of electronic health record systems, e-health, and health information technology (HIT). The Center will support HIT developers in building systems and tools to strengthen, evaluate, and manage the nation's burgeoning digital health infrastructure.

CORE STRENGTHS

The Department's rich history has produced its three core strengths, which ideally position Health Policy and Management to address the most challenging issues facing the U.S. and foreign health care systems today. HPM has carefully built an unparalleled intellectual network based on long-standing relationships with policymakers and nongovernmental leaders from the local to the international levels. Dynamic interdisciplinarity characterizes the Department's collaborations with other School departments and the rest of the University, most notably in epidemiology and biostatistics, health economics, management sciences, and public policy. Finally, HPM combines a broad bioethical vision with practical expertise to effect meaningful health reforms that impact the most relevant aspects of everyday life—our food, air, and water; the places we work, live, and learn; and the institutions that protect and heal us.

Since the inception of Social Security in 1935, Department faculty have been frequently consulted by all major federal, state and local government health agencies. A prime example of the powerful linkages between HPM and health policymakers is the Center for Injury Research and Policy, founded in 1987 by Susan P. Baker, MPH ’68, who championed federal regulation of the auto industry to improve crash safety and encourage consumers to use seat belts and car seats. By applying scientific epidemiological principles to the study and prevention of injury on a population basis, Baker awakened public health officials to the importance of injuries as the leading cause of death among persons aged 1 to 44 years in the U.S. The Center's faculty have played a major role in reducing the toll of injury on American society, with the widespread adoption of safety belt use alone preventing 14,500 deaths annually and saving an estimated $50 billion.

In Johns Hopkins University's current capital campaign, “The American City” signature initiative places top priority on preventing violence. JHU President Ron Daniels has urged schools and departments across the University to focus their efforts on improving life in Baltimore, where gun violence has long been a serious public health threat. Many of the Department's activities have been Baltimore-focused. The Center for Gun Policy and Research, for example, has led high-quality research and innovative strategies for reducing gun-related injuries and deaths. The Center focuses on illegal gun trafficking and the role of guns in domestic and youth violence. It monitors the effectiveness of gun laws across the nation.
and it played a significant role in convincing the Maryland legislature to pass the 2000 Responsible Gun Safety Act.

The Hopkins Center for Health Disparities Solutions generates and disseminates new knowledge to reduce racial, ethnic, and social class disparities in health status and health care. It does this through efforts in research, training, and community outreach. The Center has a national focus, but much of its work takes place in the local Baltimore community. For example, Center faculty are currently conducting research to better understand the contextual factors (community and societal) contributing to high rates of tobacco use in the Hispanic community in Baltimore City.

The information gained by this study will be invaluable in the development of appropriate intervention strategies and policy recommendations to help eliminate tobacco use in urban, inner-city Hispanic adults.

In the past 10 years, the Department of Health Policy and Management has strengthened the policy

Karen Davis, PhD
Eugene and Mildred Lipitz Professor and Director, Roger C. Lipitz Center for Integrated Health Care
HPM chair 1984-1992
Dr. Davis has served as president of The Commonwealth Fund, chair of HPM, and deputy assistant secretary for health policy in the U.S. Department of Health and Human Services. For her visionary leadership in health care, she received the 2013 TRUST Award from the Health Research and Educational Trust of the American Hospital Association.

Thomas A. LaVeist, PhD
William C. and Nancy F. Richardson Professor in Health Policy and Director, Hopkins Center for Health Disparities Solutions
Dr. LaVeist, a widely cited authority on social and behavioral factors underlying racial health disparities, was elected in 2013 to the Institute of Medicine of the National Academy of Sciences. He co-authored “Health Disparities and Health Equity: The Issue Is Justice,” selected as a 2012 Paper of the Year by the American Journal of Public Health.

Donald Steinwachs, PhD ’73
Professor of Health Policy and Management and Director, Johns Hopkins Center for Health Services and Outcomes Research 1982-2011
HPM chair 1994-2005
Dr. Steinwachs received the 2013 Distinguished Investigator Award from AcademyHealth, the leading national health services and policy research organization that he helped found. He has analyzed the impact of managed care and payment systems on health care access, quality, utilization, and cost.

Vicente Navarro, MD, PhD, DrPH ’69
Professor of Health Policy and Management
For his distinguished contributions to medicine and public health, Dr. Navarro has received honors from many national and international organizations, including the American Public Health Association’s Medical Care Section and the Government of Catalonia, Spain, which awarded him the 2010 Josep Trueta Medal. Dr. Navarro examines the political and social contexts of health to expose the roots of inequalities in and among countries.
dimensions of all faculty and programs and rededicated itself to the central mission of translating the public health sciences into practice. In July 2010, HPM became the institutional home of the Johns Hopkins Institute for Health and Social Policy (IHSP) and its master’s program in public policy, which further broadened the public policy perspective in HPM and across the School. The partnership with IHSP will also elevate the role of policy education, research, and practice throughout the University by bridging the many JHU units committed to effecting change through policy. The IHSP faculty bring valuable expertise that bears on such diverse topics as education policy, environmental policy, social policy, criminology, housing policy, health policy, and international development.

In 2013-14, the Department welcomed the Honorable Ronnie Musgrove as the inaugural Senior Policy Scholar. As governor of Mississippi from 2000 to 2004, Musgrove ensured that his state’s Health Care Trust Fund, created by the settlement with Big Tobacco, was used to meet health care needs rather than reduce the general deficit. He also championed health benefits for state employees and increased enrollments in both Medicaid and the Children’s Health Insurance Program, where the number of Mississippi children participating rose from 600 to more than 60,000. Recently, as chair of the Southern Progress Fund and the Department of Health and Human Services’ Rural Health Care Association, he has spoken out on the benefits of expanding Medicaid under the Affordable Care Act.

OCCUPPUNITIES TO SUPPORT HEALTH POLICY AND MANAGEMENT

Whether measured in reduced economic productivity, years of life lost to disability and early death, or inflated health care costs, preventable illness and injury swallow up enormous human and financial resources in the United States and globally. HPM seeks support for its most promising new initiatives to address pressing but solvable public health problems, for which progress can be scientifically measured, analyzed, and used as the basis of effective policy. The Department also seeks critical core support for its students and faculty, who have been at the forefront of creating and applying the science of public health for a century. There is no better place to invest in research and training programs to lift the unnecessary burden of disease from societies here and around the world.

CAMPAIGN GOALS FOR HEALTH POLICY AND MANAGEMENT

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<th>Amount</th>
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<tr>
<td>$1 million</td>
<td>Faculty recruitment fund</td>
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<td>$1 million</td>
<td>Endowed Emerging Scholar Fund</td>
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<td>4 doctoral scholarships at $1.5 million per endowment</td>
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