Reflections on a Life Well-Lived

Arnold D. Kaluzny

The Kaluzny Family (photo by William Branson III Photography)

Chapel Hill, N.C.

October 2020

This effort is dedicated to the staff of Carol Woods and to my fellow Carol Woods residents, whose support has reminded me that everyone has a story to tell.

Their friendship – and the prevailing spirit of community in my new home – has given me occasion to reflect on the past and the present, providing a perspective to meet the challenges of the future.

For this, I'm most grateful.

Preface

Life can only be understood backwards but must be lived forward.

-- Søren Kierkegaard

Life is often described as a journey. A journey, of course, involves achieving future goals and arriving at desired destinations. But it is also a *process*, characterized by various events, opportunities and challenges. Such moments of chance and serendipity influence one's sense of identity, values and priorities – and can change the course of a life.

That certainly has been true for me. To have had the great good fortune to be in the right place at the right time on several nodal occasions* – and to have met success and joy along the way in both life and work – has made me grateful.

The following autobiographical sketches provide some context for significant events in my life and give me the opportunity to reflect on their importance. Mine is a story about hopes, dreams, plans and painstaking decisions, disappointments and failures. Perhaps most significantly, the story is about people – family, teachers, mentors, friends and colleagues, who provided guidance and counsel and served as role models along the way. It's a rich, full life, one that, in retrospect and judged by any reasonable criteria, exceeded my expectations.

** I've always liked the idea of nodes. In plants, they're the bulge on a stem where new life starts. Nature prescribes the patterns for new leaves, but new growth for humans is infinitely more mysterious.*

Acknowledgments

Several nodal events provided stimulus for my finishing *Reflections on a Life Well-Lived*. First was the onset of the COVID pandemic, when I was forced, in "lockdown," to spend more time thinking about the parade of years and experiences that have shaped my life. Then there was the recognition that I would turn 82 years old in September 2020, at about the same time Crosby, my elder grandson, left for college – each of us at one end or the other of our journeys.

"A life well-lived" captures the life and times of Barbara Kaluzny, too. The phrase served as the theme when, in 2017, family, friends and colleagues gathered to honor her life. The title seems equally fitting as I reflect upon my life, of which Barbara was such an important part. Our journey together was bittersweet. We can always recall the good and not-so-good events and punish ourselves for an array of "should have/could have" behaviors, but in the end, we realize: *That was then, and this is now.*

Writing is a solitary journey; at least, that has been my experience. Putting hands to keyboard has provided me with the opportunity for closure on the past and a focus on the opportunity and challenges as life moves on. Hopefully, these reflections are interesting and relevant to Carrie, Heather, Melissa, Crosby and Nicolas, and may provide some under-standing of my personal and professional life as I lived it.

In the end, the challenge was to translate the array of events and their consequences – along with experiences and

people encountered along the way – into an interesting and readable form.

In this effort, I am indebted to Linda Kastleman and Pat Winston – Linda, a longtime friend and colleague, for her careful reading and editing to maintain a strong storyline; and Pat, a friend who endured with great patience my "professorial epiphanies," for her commentary that helped the effort stay on message and maintain a perspective about where we are in the inevitable cycle of life.

Finally, I am indebted to the leadership and staff of UNC's Cecil G. Sheps Center for Health Services Research, who provided administrative, computer, library, logistical and administrative support for many sponsored and nonsponsored research projects and scholarly activities over the years. I can only hope that others are lucky enough to have such support and collegiality as they launch their health services research careers to improve health care quality and access for the people of North Carolina, the United States and the global community.

For those who are interested, I'm including as Appendix 2 a list of publications I've referenced in this document. Appendix 3 includes a curriculum vitae, which lays out a timeline for the variety of things I had the good fortune of seeing, doing and learning. Appendix 1 is a compendium of vignettes and photographs. Though they did not fit directly into the narrative, they are part of my life and among my important memories.

A.K.
October 2020

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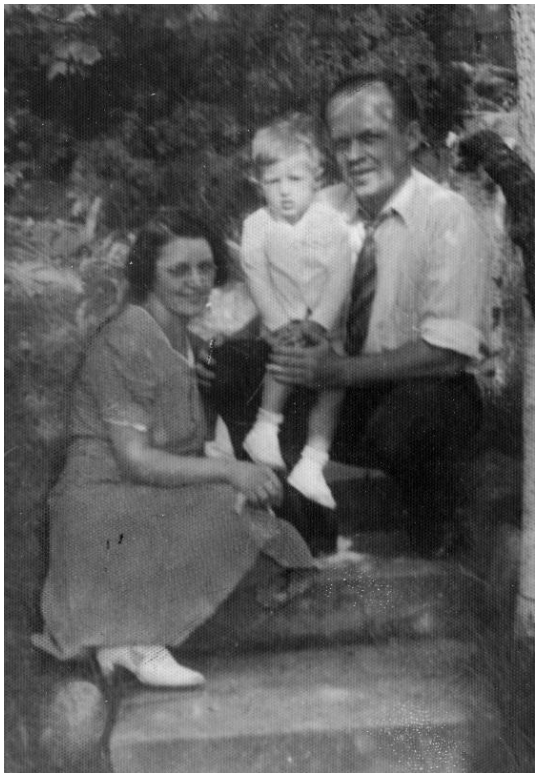
The Formative Years

(1938-1960)

I was born September 29, 1938, the first child of Helen Slawnikowski and Alois Kaluzny. Mother and Dad lived at 2647 South 15th Street, on the second floor of a duplex on the south side of Milwaukee. The duplex was adjacent to a house where Dad's sister, Aunt Blanche, lived with her husband (my uncle) Tony Janowski, and Dad's and Blanche's father (my grandfather, "Jha Jha") and my grandmother/babka ("Buscha"). Aunt Blanche and Uncle Tony did not have children, so my brother Dick (born June 21, 1941) and I had the benefit of two sets of parents.

We were a Polish, working-class, extended family, residing in what is best described as a ghetto community composed mainly of Polish Roman Catholic immigrants and first-generation Polish-Americans. The Kaluznys were Polish National Catholic, not Roman Catholic – a distinction that, at the time, limited our interactions with others in the neighborhood.



Here I am, with Mom and Dad, circa 1940.

World War II was in process, and within the

neighborhood, many young men, both single and married, were drafted. Daddy and Uncle Tony were exempt from the draft, as they were employed by International Harvester and Ladish, companies engaged in the production of essential war materials. Daddy was a steamfitter, and Uncle Tony was a machinist.

Six-year-old Arnold (right) poses with brother Dick, circa 1945.

These were tough times for all. Religious affiliation was a discriminating factor influencing family life, and as a result, Dick and I had little interaction with other children in the neighborhood. Our world essentially involved our immediate family and mother's sisters, Aunt May and Aunt Sophia, and their families. Social gatherings beyond that immediate group centered on Christmas and Easter holidays, weddings, funerals and events sponsored by the Polish National Catholic Church.

Dick and I were equally at home in both houses. The set-up was best described as an intergenerational extended family. In my recollection, Jha Jha was the dominant patriarch of the family. I recall him as being autocratic and distant in tone and manner.

In the latter years of his life, he focused on caring for his flowers, attending church on Sundays and holidays, and reading the Polish newspaper every day. Buscha was quiet and reserved, reliably ready with cookies and milk after school, with the glass always filled to the very top.

My grandparents, Jha Jha and Buscha, relax in the living room of their 15th Street house.

Aunt Blanche smiles at Uncle Tony, circa 1945.

The yards of the two houses, accented by various fruit trees, were connected, separated only by flowering bushes. The back yard at #2647 had a swing set, and Dick and I spent many hours swinging, riding our scooters and bicycles, and otherwise entertaining ourselves. Each house had a garage leading to an alley. Many neighbors raised pigeons in their garages. Dick and I had limited contact with other kids in the neighborhood.

I don't recall any open discussion of the holocaust or the unprecedented atrocities ongoing in Europe, and as a child, was not aware of the scope of inhumanity. Between 1939 and 1945, 40 million Europeans were killed, with 6 million of these in Poland, representing 20 percent of the population, of which 3 million were Jews. This – coupled with the fact that we were Polish National Catholics, and all the other neighbors were Roman Catholic (a big deal in those days, though kind of crazy in retrospect) – further reinforced the insulation of our family from other families on 15th Street.

Jha Jha was quite an entrepreneur. He arrived in America in 1907 as a 33-year-old Polish immigrant. Yet, during his lifetime, he was able to acquire a tavern/grocery store and two houses on 15th Street; all, except the two houses, was lost in the depression. To my knowledge, he worked as an unskilled laborer for the City of Milwaukee's Department of Public Works.

Grandfather (Jha Jha), circa 1940

My father (right) worked at International Harvesters (c. 1942).

I'm not clear on the timing, but when Buscha died (circa 1947), Jha Jha gave the duplex to daddy and the single house to Aunty Blanche. Given the economy and the reality of the Great Depression, the ability of Jha Jha, a Polish immigrant, to give each of his two surviving children a house is impressive.

After Buscha died, Jha Jha continued to live in the house with Aunt Blanche and Uncle Tony. Declining health made it increasingly difficult for Aunty Blanche and Uncle Tony to provide the care required, and Jha Jha moved to a local nursing facility. He lived at the nursing home for two or three years, dying in 1951. Aunt Blanche and Uncle Tony, as well as Mom and Dad, would visit Jha Jha twice a week. Dick and I accompanied them on most visits.

After Jha Jha died, Aunt Blanche became the family matriarch. Over time, Dick and I developed a close bond with Aunt Blanche and Uncle Tony.

Aunt Blanche, Uncle Tony, Mom, and Daddy never went beyond the eighth grade. Aunt Blanche, however, was the only one interested in reading books, and she wished she could have had more education. Aunt Blanche provided the motivation, along with mother's strong support, that instilled in me during my teen years that education was an important part of life.

For as far back as I can remember, Daddy worked third shift (11 p.m. to 7 a.m.) as a steam fitter at International Harvesters, sleeping during the day. Even during these early years, Daddy was showing signs of what I now know to be clinical depression, which took its toll on mother and made him less able to spend time with Dick and me. Weekends often were

spent with Uncle Tony, with frequent visits to the cemetery, the airport, local parks, the state fair, or to see Uncle Tony's sisters and brother.

Aunt Blanche was daddy's only living sibling, although there were other siblings who died in early childhood. Mother had a big family -- two older sisters and four brothers. Aunty Sophia and Aunty May were quite close to mother and our family, partly because they also were in the Polish National Catholic Church. The two older brothers, Casey and Joe, married Roman Catholic girls, and their families were quite distant; we met only at funerals and weddings. Uncle Ray, the youngest sibling, lived for a time with Aunty Sophie and Uncle Roman during these early years, until he married Aunt Ceil. They had between four and six children, and Ray died in his mid-50s of a congenital heart defect.

Mother had one other brother, but he was never mentioned in conversation. Eddie was the "black sheep" of the family. Following an out-of-wedlock pregnancy (that proved to

Mother (far left) poses with her brother Ray, sisters May and Sophia, and Joe (1950).

be false) and a failed marriage, Eddie was estranged from the family, separated and essentially homeless the rest of his life.

I have no recollection of mother's father, Michael. I do recall visiting Buscha (Michalina) Slawnikowski in a nursing home when she was quite ill and totally blind. Michael worked in the foundry, and died in 1937 at age 58. Michalina took in washing/ironing for neighbors, and died in 1945 at age 68.

My mother's large family included (back row, left to right) Mae, Sophie, Joe, Casey, Edward; and (front row, left to right) my mother Helen, Michalina, Ray and Michael (circa 1919).

I attended R.B. Hayes Public School, from kindergarten through eighth grade. The school was 12 blocks from 15th Street, and Dick and I walked to school – rain or shine – all year long, and in winter, we were bundled in heavy winter clothing. Around sixth grade, I was diagnosed with a thyroid condition and was excused from class, homebound and home-schooled for all of seventh grade. Milwaukee had a progressive public school system and provided a visiting teacher once a week.

Nodal Event: Home schooling in seventh grade. *I do not recall the clinical specifics of the prescribed therapy for the thyroid problem, except to drink some foul-tasting liquid (which might have been a low-grade radiated iodine). Essentially, this was a lost academic year, but recalling some previous trips with Aunt Sophia and Uncle Roman to visit friends who owned a dairy farm led to an interest in farming, and in essence, I created an imaginary world in which to distract myself. This diversion from the reality of being homebound – building elaborate barns and miniature cows and playing with miniature tractors and farm equipment – was a fantasy world literally of my own making. Daddy had a well-equipped workshop in the basement next to the coal bin that allowed me to create an alternative world in miniature.*

I returned to school for the eighth grade and acquired a paper route to deliver *The Milwaukee Journal* to about 100 subscribers each weekday afternoon and Sunday morning. Upon graduation from eighth grade, boys from R.B. Hayes typically would attend Boys' Technical High School, a school that provided training for the skill trades – e.g., auto mechanics, plumbing, electrical, welding, carpentry, machinery – along with some basic academic courses. I had difficulty adjusting to the curriculum and culture, finding it hard to assimilate with

students who, in today's terminology, would be called "bullies." Farming became a passion, if not a total escape from reality.

While the details are hazy, mother – I suspect in consultation with Aunt Blanche – found an Agriculture High School in Racine County whose curriculum included agricultural courses, along with an adjacent operating farm that served as a laboratory for the agricultural curriculum and students. The school provided a residence dorm, and Mom and Dad arranged for me to attend the school and live in the dorm.

This undoubtedly was a financial burden for the family, and to defray the cost of living in the dorm, I worked on the farm as a "hired hand." I reported to the farm manager who, along with his family, lived on the campus doing early and evening chores and related activities on weekends. The chores included feeding and milking 30 Holstein cows twice a day, cleaning gutters, feeding other livestock, hogs and chickens, as well as field work – planting corn for silage in the spring and haying in the fall. These latter activities all involved the use of heavy equipment. Only in retrospect do I appreciate the physical dangers of farm work. Using heavy equipment, engaging in unsafe work practices, exposure to toxic materials, and other elements of physical labor posed daily hazards.

Nodal Event: A New Beginning. *Living in the dorm for three years was a stark contrast to living at home. Overnight, life was transformed and involved 24/7 interaction with other dorm*

residents, off-campus students who lived in the area and an array of classroom teachers, two of whom lived in the dorm as counselors, along with a Mrs. May, the dorm manager. These individuals and the work experience provided a life different from my family and the imaginary life that I created in Milwaukee.

Several people were memorable as contributors to my life moving forward, including Mrs. May, the dorm manager, and two teachers, Ms. Ruth, an English teacher and recent graduate of St. Mary's College in Milwaukee, and Mr. Ritter, a recent graduate of Wisconsin State College at Whitewater, both of whom lived in the dorm as counselors. Both provided me with guidance and exposed me to opportunities, recognizing my talents and believing that I would be well served by a college education. This was the first time anyone had even suggested college as an option or indicated that I could succeed in such a setting.

Meanwhile, significant changes were occurring within the Kaluzny/Janowski family. Jha Jha died (Buscha had died some years earlier), and it was decided to sell the two houses on 15th Street and build a duplex in a new development off Oklahoma Avenue. Mother and Dad would live on the first floor; Blanche and Tony, on the second.

Concurrent with the construction and with the move to the new house, Daddy's depression became more acute, requiring several hospitalizations, including electric shock therapy. This went on for about two years, when it was decided

to sell the house. Mother and Dad purchased a new house on Morgan Ave., and Aunt Blanche and Uncle Tony purchased a separate house on 32nd Street. The two couples remained close throughout the remainder of their lives.

As I concluded my senior year at the Agricultural High School, I applied to enroll at the University of Wisconsin at Milwaukee. The plan was that I would live at home with Mom, Dad and Dick and commute as a day student to UWM, which was located downtown. The application was submitted, and in a few weeks, UWM requested that I meet with the admissions officer to review the status of the application.

Nodal Event: A Change in Plans. *In conversation with the UWM admissions counselor – given my interest in veterinary medicine at the time and, I suspect, some academic deficiencies – a decision was made that my career goals would be better served at Wisconsin State College at River Falls (WSCRF). Within days, the application was forwarded to WSCRF, and plans were made to begin school in fall 1956.*

A New World
(1956-1960)

Wisconsin State College at River Falls, one of five state colleges scattered across the state, is located in the northwest corner of Wisconsin, 30 miles from Minneapolis-St. Paul, Minnesota. It was a college that offered a range of curricula, with a specialty in agriculture but also courses in liberal arts and pre-professional tracks.

I was the first in our family, including among my various cousins, to go to college. No one in our immediate family had any experience remotely similar to this new situation. While I had moral support and encouragement, this was, as they would say, "being out there on the edge" of the unknown world.

WSCRF had a pre-veterinary/medicine program, and along with UW-Madison, had a well-respected course of study in agriculture. Later, in 1971, the state college system was consolidated with the University of Wisconsin system, and WSCRF was renamed the University of Wisconsin at River Falls (UWRF). In 1956, however, WSCRF pre-veterinary students were grouped with pre-med/dental and medical technology students.

Nodal Event: Meeting the competition. *The failed application to UWM proved to be unbelievably lucky, as it placed me with smart and serious-minded students, such as Curt Larson, Mark Wyman, Wayne Sukow and Jerry*

Crow, many of whom went on to medical or graduate school in the sciences, including chemistry, physics and biology.

Perhaps most significant was Harriet (Toots) Kettlekamp and the Kettlekamp family. Harriet's father, Professor Bennie Kettlekamp, was a professor of biology and adviser in the pre-med program. Not known to me at the time, he was also chair of the Basic Science Board for the state of Wisconsin and had close links with the UW medical school. A recommendation from Professor Kettlekamp was guaranteed admission to medical school (more about that later – see page 25).

The pre-veterinary/medicine program included a range of liberal arts courses taught by dedicated professors, all of whom were serious about their subjects and their commitment to teaching. WSCRF was small enough such that the faculty knew their students and worked hard to achieve a level of critical thinking. Among the most significant faculty members was Kettlekamp, who taught biology and comparative anatomy. I enjoyed both courses.

Vera Moss, a professor of English, exposed me to books and literature, resulting in my being a lifelong subscriber to *The New Yorker.* She taught me the importance of interpreting the content and the importance of "critical thinking."

Nodal Event: A lesson in "critical thinking."
After a reading assignment from Crane Brinton's Ideas and Men: The Story of Western

Thought *(1950), Professor Moss asked me in class, "…and Mr. Kaluzny, what did you do with that paragraph?" – meaning, "How did you interpret the content?" My best reply? "Well, I underlined it."*

Obviously, I knew it was important, but I still had a long way to go to achieve any level of "critical thinking." Professor Moss just smiled and rolled her eyes, thinking I was hopeless, and went on to inquire of another student, who provided a more substantive response.

During my sophomore year and planning for the junior year, there was some discussion among the pre-veterinary medicine students of transferring to the University of Kansas veterinary school.

Nodal Event: A missed opportunity. *In the process of planning for the junior year, Professor Kettlekamp, my faculty adviser, asked if I would be interested in medical school rather than veterinary medicine. He said he would be willing to write a letter of recommendation to UW-Madison to support the application.*

This was the first time anyone suggested medicine, rather than veterinary medicine, as a

career for me. The next week was spring break, and while visiting Milwaukee, I mentioned this conversation with mom and dad. Very quickly, the issue of money arose, and it was clear that both veterinary and medical school were financially out of the question. It was a short conversation, with the general conclusion that I needed to think about full-time employment, rather than advanced study, upon graduation from college.

On reflection, although the discussion was not in-depth or the decision well-reasoned, I suppose "all's well that ends well." I doubt I would have been a good clinician, and even if I had chosen that path, I most likely would have worked in public health and health services, only with a medical degree (MD) rather than a doctorate (PhD).

The week ended, I returned to River Falls, and Dr. Kettlekamp accepted and understood the decision. In fact, he visited with mom and dad on several subsequent occasions when he traveled to Milwaukee for the basic science board meeting.

Each summer, I was fortunate to find summer jobs in a variety of organizations and settings in Milwaukee – Patrick Cudahy Meat Packing and Slaughter; Ladish, a large manufacturing company; St. Francis Hospital; and International Harvesters. Each was a nodal event that influenced my concept of work and life and gave me an appreciation and respect for

how people manage their lives and affairs in the so-called “real world.”

Nodal Event: Cudahy Packing Plant. *Cudahy was a slaughterhouse and made various kinds of processed meats. The slaughtering of animals is an unbelievably brutal process. However, if you do that every day, you must become immune to the inhumanity of the process. I worked on the assembly line, stuffing jars with pickled pigs’ feet.*

Nodal Event: Ladish. *At Ladish, I was a forklift operator, tasked with moving large flats of materials from a loading dock to various storage buildings. It was a mindless process, and in retrospect, I realize I was not fully conscious of the dangers; the risk of an accident and significant personal injury or death was quite high.*

Nodal Event: St. Francis Hospital. *At St. Francis, I was an orderly, which provided me with a real insight into the operations of a hospital and perhaps developed my long-term interest in their operation. While most of my work was on the nursing floor, one of the jobs was to prepare deceased patients and take*

them to the morgue. On several occasions, I assisted with an autopsy.

Nodal Event: International Harvesters. *At International Harvesters, Daddy was influential in getting me hired on the night shift in one of the machine shops that produced axle holdings for tractors. It was a two-step process that involved a lathe and drill press, and then when that was complete, putting the finished part on a rack. The foreman would come through and check the number of finished axle holdings produced and whether they met specifications.*

I had a difficult time meeting both the expected quantity and quality, since the fellow on the second shift always left the lathe a mess. By the time I got it recalibrated, I never had time to produce the required number of pieces, let alone meet the specifications, before the foreman made his rounds.

Eventually, I was transferred to another machine called a broach (a large horizontal drill press), designed to bore a hole in a 3”-thick piece of metal. The tool was 5’ long and 2” in diameter, and was attached to a power unit to grind a hole in the metal. One evening, as I was operating the broach, I did not properly attach it to the power unit. I tried to cut off the power,

but there was no emergency turnoff switch – or being in a state of panic, perhaps I couldn't find such a switch. I could have tried to remove the broach before it came in contact with the metal, but that would mean I ran the risk that when it shattered, I would be severely injured by the shrapnel. Since I could not stop the power, I got out of the way. Sure enough, the power unit hit the broach and shattered.

The foreman came running over. "You're fired, you little #$%!!," he yelled. "Pack up your shoes and lunch bucket and get the hell out of here!"*

I followed his directions and met my dad at 7 a.m. at the gate, lunch bucket and shoes in hand:

[Daddy]: *What the hell happened?*

[Me, explaining the situation]: *I was fired.*

[Daddy, cursing]: *You wait here!!*

He returned in about 20 minutes.

[Daddy]: *You start tomorrow in the foundry.*

End of story. Obviously, daddy, as a longtime member of the union, consulted with one of the stewards. Instead of being "terminated," my paperwork was processed as "transferred to

the foundry." I suspect daddy and the union steward felt I could do less damage there.

For my remaining time at the foundry, I was assigned to head floor #6. This was the unit in which molten iron was poured into preformed frames to make engines for small tractors. It was a hot and dirty place, where the work is geared to the arrival of the big ladles containing molten iron that come from the furnace and are carried by overhead cranes. The iron must be of a certain temperature when it arrives at the floor and the decision is made by the pyrometer reader. The reader's job was one of the least physically demanding, as he would walk around waiting for these various ladles to come from the furnace and then decide to whether to pour the molten iron into the molds as they went around the conveyer belt.

Initially, my job was to help set up on the conveyer the molds for the engine mounting into which the iron was to be poured. But for some reason, the pyrometer reader (who was studying to be a chiropractor) had difficulty reading the meter and making the decision about when to pour. He was a nice fellow, and I helped him out a couple of times – thereby becoming the default pyrometer reader.

These four nodal events were lessons in humility and respect for what people do every day of their lives to make a living. Even today, these events of more than 60 years ago are a constant reminder of how lucky and privileged I am to have the opportunity to work and contribute to a process that I enjoy and hopefully contributes to a better world. Moreover, my personal encounters with these individuals influenced subsequent career decisions.

I recall one encounter with Sister Arnold at St. Francis Hospital when I was preparing a recently deceased patient for autopsy. She asked if I had ever done that work before, which led to a discussion about death and the meaning of life. Working at St. Francis was a life-changing experience and developed in me a deep respect for the members of religious orders who staff and manage Catholic hospitals. They are dedicated people, committed to their mission and faith. The 24/7 operation of the hospitals and their staff made for a fascinating organization, and that experience was a major reason for my interest and eventual application to graduate programs in hospital administration.

The experience at International Harvesters provided insight into the important role of labor unions and the recognition that without union representation, workers have no recourse when they confront potential safety problems or other unfair management decisions. Human error is a reality, and it is management's responsibility to ensure that the equipment is safe and that proper training in the safe use of the equipment has been provided.

Life happens when you least expect it. In 1957, over the Christmas holiday, Dick and his girlfriend at the time, Gloria Wesolowski, and her sister Barbara asked if Uncle Tony and I would join them on Christmas Day to go bowling. “Sure,” I said, as I had nothing else to do. Uncle Tony, for whatever reason, decided not to go.

Nodal Event: Barbara. *Barb and I had a wonderful time, and that Christmas Day was the beginning of a 56-year-long love affair. Dick and Gloria went their separate ways, but Barbara and I continued our relationship.*

Over the next two years, I returned to River Falls and discovered that I missed our conversations and was delighted to receive a nice follow-up letter from Barb – the first of many. Letter writing was the primary form of conversation, covering a range of topics from simply reporting events of the day to very thoughtful and candid letters sharing hopes and fears about life.

Barb was a year younger than I, born September 2, 1939, and the oldest of three siblings, Gloria, Joyce and Tom, born to Edward and Lucy Wesolowski. They were a working-class, first-generation Polish family, living in a small house on 43rd Street on the south side of Milwaukee. Edward was a machinist by day and supplemented the family income as a baker in the evening and often into the early morning. Lucy, for most of her life, worked as a part-time clerk at the Southside Sausage store, and in later years, as a full-time ward clerk at St. Luke’s Hospital.

Barbara and her siblings all attended a Catholic elementary school. Except for Joyce, who attended a Catholic high school, all attended public high schools in Milwaukee, and upon graduation, attended the University of Wisconsin. At the urging of her parents, Barb, as the oldest, attended a small Catholic College as a day student, living at home and completing two years of undergraduate work. At the time of our first meeting, Christmas Day 1957, Barbara was working as a secretary at a Prudential Insurance field office in Milwaukee.

Over the next year, with a constant flow of letters and cards, a warm and caring relationship developed. Barbara also made a number of visits to River Falls, arriving by train from Milwaukee to Red Wing, Minnesota, staying with my friend Toots at Dr. Kettlekamp's home, and returning to Milwaukee on Sunday evening. I looked forward to holiday breaks, as time in Milwaukee was time devoted to Barbara and planning our future. We shared a common sense of values, priorities and goals, and very quickly, our separate lives merged into one.

I completed my junior and senior years and applied to graduate school in hospital administration at the universities of Minnesota, Iowa, Chicago and Michigan. By this time, Barb and I were engaged and planning our future with hope and great expectations. We had an understanding that we would go to the first graduate program that accepted my application.

Nodal Event: Interview for University of Minnesota. *In spring, as a result of the Minnesota MHA application, an interview was required. These usually involve a meeting with*

an alumnus of the applicant school, who in this case, was director of the UW Hospitals at Madison. At the end of the interview, he asked if I had questions. 'One,' I replied. 'Of the four schools that I'd applied to, which – if he were in my position and was lucky enough to be admitted – would he choose?' His answer – 'Michigan.'

He elaborated, pointing out that while he was an alumnus of the Minnesota program and Michigan was a new program compared to the others, Michigan's director, Walter McNerney, was going to be a major player in the years ahead. I discovered later that Walt McNerney was an alumnus of the Minnesota program. I suspect that, in his report to the University of Minnesota, my interviewer may have copied McNerney. That could have influenced the Michigan review and decision.

In spring 1960, I received a letter from the University of Michigan Business School that I had been admitted to the MHA program in hospital administration. Barbara and I were two happy young people, very much in love. We were married June 4, 1960 – and the rest is history.

Unfortunately, the event was overshadowed by the decision of Barb's mother and father to not attend the wedding. Sixty years ago, within the Polish community, the standard expectation was a church wedding, followed by afternoon of picture-taking, an elaborate, sit-down dinner in a rented hall, and a gathering of friends and family of all ages for dancing and a gala party. Our wedding was no exception, except that the

wedding was conducted at the Polish National Church, and this was unacceptable to Barb's mother and father, who chose not to attend the wedding or any of the planned events.

In retrospect, this could have and should have been managed differently, as the location for our wedding was not a major factor for us then or for the next 56 years. At the time, it was important to my parents, and I chose not to dwell on the issue since Mom and Dad had given us a cash gift of $1,000 to launch our new life in Ann Arbor. While all these relationships were repaired in subsequent years, it was an unfortunate series of events that spun out of control, tarnishing a very happy occasion and many fond memories.

We remained in Milwaukee for the summer, living in a one-room apartment on Burnham Street, next door to a foundry and forge shop. The huge hammers in the shop were running 24/7, causing the apartment and surrounding buildings to shake all day and all night. Still, I have fond memories of the apartment and the time. It was our first home. We were two people very much in love, with great expectations of what lay ahead.

In mid-August, we packed up Barb's two-door Chevy Belair and set off to a truly new beginning. We never looked back!

Living in the Fast Lane
(1960-1962)

Ann Arbor and our life at the University of Michigan was a world of discovery, hope and expectation. Recently married, we were living in a totally different environment and culture, facing a new set of challenges and opportunities.

We arrived in late August in the Belair, packed to the hilt with our joint possessions, and my dad's $1,000 gift. (Understand, in 2016 dollars, this was the equivalent of $8,045.17!) We lived in an efficiency apartment on UM's north campus, and it was the beginning of a joint lifelong adventure.

Barb was able to get a job as a secretary with Mr. Spang, the sole proprietor of Spang Laboratory, and I began to navigate the university and the UM Business School. The hospital administration program (HAP) was on the lower level of the Business School. Seventeen students were admitted, all male, five of whom were recent college graduates. The other students were older, many with extensive management or military experience and/or advanced degrees.

The curriculum was a mix of hospital administration courses, core business school courses and several courses in the UM School of Public Health. The business core required courses in organizational management, personnel management and accounting. As described below, I was exempt from the accounting course since I passed the UM accounting proficiency exam required of all entering MBA/MHA students.

That exemption was truly a nodal event that provided me with the opportunity to take an elective course taught by Dr. Avedis Donabedian.

This is my hospital administration class at the University of Michigan at Ann Arbor. I'm third from the left on the front row.

Nodal Event: The Accounting Proficiency Exam. *As I hadn't taken a prior accounting course, I purchased the accounting text for the course the weekend before the exam and reviewed it without any expectation of passing. I took the test on Monday, and the results were posted on Wednesday.*

Of the approximately 200 entering students, 10 passed and were exempt, three or four received a note to "please see the dean," and all others failed and were required to take the accounting course.

I was in the "See the dean" category, which I did. As I recall the conversation:

[Dean]: *Mr. Kaluzny you did not do very well on this exam.*

[Me]: *I apologize – I don't do well on tests. But did I pass or fail?*

[Dean]: *Well, as I said, you did not do very well, and I strongly recommend that you take the accounting course. As to your question – technically, you passed, but it was borderline.*

[Me]: *Does this mean that I am not required to take accounting?*

[Dean]: *Yes …*

[Me]: *Thank you!*

I left with a sigh of relief. I did not take accounting. The reason this is significant – and only in retrospect do I appreciate and understand the implications – is that the exemption permitted an elective. I selected a course taught by Avedis Donabedian in the School of Public Health. The course was titled Medical Care Organization.

Dr. Donabedian had just arrived from Harvard. He was a scholarly gentleman who was interested in how the structure of health services affects delivery, specifically the quality of care provided. The course and Dr. Donabedian had a profound influence on my career and professional interests.

This is a classic illustration of how a serendipitous event, such as preparing for an exam without having any expectation of passing, can provide an opportunity. In this case, it was the opportunity to take an elective course and meet Dr. Donabedian. The course and the professor established my professional agenda and shaped my perspective and academic values for a lifetime.

Dr. Donabedian defined the concept of quality care, a major component within the emerging field of health services research. He was a true visionary and a legend in the study of medical care quality for the next 50 years.

Shortly before his death in 2000, *The New York Times* printed an interview and photo marking his contribution and legacy to the study of health services and health care quality. An excerpt from that interview is on the following page.

An Expert on Health Care Evaluates His Own Case

Dr. Avedis Donabedian
1919 - 2000

Health care is a sacred mission. It is a moral enterprise and a scientific enterprise but not fundamentally a commercial one. We are not selling a product. We don't have a consumer who understands everything and makes rational choices – and I include myself.

Doctors and nurses are stewards of something precious. Their work is a kind of vocation rather than simply a job; commercial values don't really capture what they do for patients and for society as a whole.

Life in the HA program quickly took shape. The dominant faculty members included Walt McNerney (the same person whom the UW CEO had mentioned when I interviewed for the University of Minnesota), John Griffith and Larry Hill, as well as Don Riedel, Tom Fitzpatrick and Sy Gottlieb, all of whom McNerney had recruited to work on the landmark study of Michigan Health Care Economics.

HA courses. The McNerney seminar was a weekly event. As described by the CEO of the University of Wisconsin Hospitals during my interview, McNerney was a very impressive fellow, confident in manner and intimidating, with a fundamental appreciation for the unique role of management in health care. In his words:

> *There is more to management than crisp efficiency. In the field of health care, perhaps more than any other, management is involved with moral issues and ethical choices. It involves a deep commitment and personal courage. It involves a resolve to be just and right, not only a resolve to win*. (See McNerney's article in the *Journal of Health Administration Education.*)

The general approach was that after a few introductory remarks, McNerney would select one person from the class, directing questions on the day's topic to that person for the entire period. The individual was expected to respond in a well-organized, coherent fashion. These sessions, though quite stressful, were excellent learning opportunities. The more

senior students, who had management experience or advanced degrees, did very well in these situations. I remember folks including Bob Cleveland, an associate director at UM Hospitals; Bob Evans, who had an MBA and business experience; and David Ramsey, who had a Master of Arts in microbiology. These students provided role models for the five recent college graduates, Gail Warden, Steve Loebs, Al Gilbert, Leroy Miller and myself – and offered a pedagogy that prepared us for the reality of interpersonal exchange in the practice of management.

Business core course. Since I passed the accounting proficiency exam, two core business courses were required – organization and management and personnel management. About 25 students were enrolled in the organizational management course, most of whom had a great deal of management experience in the private sector or as mid-level career officers in the military. The course required, in addition to a midterm and final, a written review of Herbert Simon's classic 1947 book, *Administrative Behavior*. When my paper was returned, the instructor had written across the top, "I assume that English is your second language. Grade – C." Wow! That was a wake-up call! We had a problem!

Personnel management was taught by George Odiorne, a big name in what was known as "management by objectives" (MBO). This was a core course in the Business School, with 200 students. Professor Odiorne was quite charismatic, presenting lectures in a large, tiered auditorium. The course grade was based on the final exam, which was composed of multiple-choice questions. As they say, "luck beats smart every time,"

and I received the highest grade in the class. Steve Loebs, along with the other MHA students in that class, seemed to be impressed. To this day, whenever I talk with Steve, who is a very competitive fellow, he takes delight in reminding me of our time and my grade in the George Odiorne personnel course.

SPH courses. Except for the courses taught by Sy Axelrod, chair of the Department of Medical Care Organization and a leader and advocate for health care reform, and Avedis Donabedian, courses in public health administration and biostatistics, despite their important content, were truly uninspiring – in fact, dreadful. Unfortunately, many of the hospital administration students in these classes had a similar experience. These students went on to top-level executive management positions in hospitals and large health systems with a negative assessment of the role, function and contribution of public health to the larger heath care system.

Social life centered around the MHA group and Saturday Michigan football. Very early in our time in Ann Arbor, Barb and I discovered the Pretzel Bell, a long-established pub in which the tradition was that on your 21st birthday, employees rang a large bell and the birthday celebrant was expected to drink a pitcher of beer. A jolly time was had by all! We spent many Fridays enjoying the Michigan tradition.

As time went on, we became friends with UM alumni David Ramsey, and his wife, Ellie, who was an artist. Both were 10 years older than Barb and me, and David was returning to school as he moved from a career as a microbiologist to management. They had rented a small house just off campus, where we spent many happy Friday evenings, and we spent a

weekend with them at their ski cottage in Potoskey, Mich. These times together provided insight into a style of living that we found very comfortable, and over the years, adopted as our own. David later became CEO of a large hospital in Des Moines, Iowa, and is now retired.

Ellie died some years ago of lung cancer. David has since remarried, and as we learned in retrospect, “life goes on.” At the time, they did not have any children. However, our paths crossed again many years later, when I met their son, Scott Ramsey, a physician and PhD in health services research. Dr. Ramsey is a well-respected scholar working in the area of comparative effectiveness and cancer care delivery on the faculty of the University of Washington and the Fred Hutchinson Cancer Center. We do indeed travel in a very small world.

I lost track of many of the other members of the 1962 class, except for Steve Loebs and Gail Warden. Most of the class took on CEO or other top management positions in large hospitals or hospital systems. Perhaps most distinguished was Gail Warden, who early in his career became president and CEO of Group Health, a large innovative HMO in Seattle. For the past 20 years, until his retirement, Gail was president and CEO of Henry Ford Health System, in Detroit.

Steve Loebs, following his administrative residency and several years in a management position at Hartford Hospital in Connecticut, returned to Ann Arbor and the MCO doctoral program. Following his doctoral work, he was founding director of the health policy and management program at Ohio State University. We remain friends to this day.

In 2010, we attended a retirement celebration for John Griffith, who was UM's Andrew Pattullo Collegiate Professor of Health Management and Policy. John joined the UM faculty in 1960, and upon his retirement, our 1962 class was invited to commemorate John's many contributions and the naming of the UM Griffith Leadership Center. It was a gala occasion, with 400 people attending. Since we were the class that began John's academic career, the 17 former students were invited. Gail Worden, Steve Loebs, Al Gilbert, and Barb and I attended; other members of the class were deceased or quite elderly. It was a wonderful walk down memory lane – the only reunion I have attended or ever will attend. Ann Arbor and these 17 students and faculty members have a special place in my memory.

Administrative Residency. The program required a one-year administrative residency following the academic year in Ann Arbor. It was a matching program, and given our criteria, several options were available – the Delaware Hospital, in Wilmington, Del., the Brooklyn Hospital, in New York City, and the Memorial Hospital, in Baltimore, Md. Each required an onsite visit and interview with key personnel. Following the interviews, we returned to Ann Arbor, and considering the location, we chose the Delaware Hospital. In retrospect, it was an excellent choice.

The Delaware Memorial Hospital was a 300+ bed community hospital well-endowed by the DuPont family, with two other community hospitals in Wilmington – Wilmington General and St. Francis. Wilmington was a mid-sized community

dominated by the DuPont Corporation and the DuPont family. Physicians were in private practice with privileges in one or more of the three community hospitals. The role of hospital administration was to manage the organizational operations and provide institutional resources for community-based private practice physicians to meet the clinical needs of their private patients.

Given a sizable institutional endowment, resources were not a problem, and the Delaware Hospital provided indigent care to significant segments of the Wilmington community. The endowment also provided the base to implement what were considered, at the time, to be innovative programs, such as home care and preventive screening initiatives.

Nodal Event: A Fork in the Road. *Each of these options offered different career scenarios: Brooklyn Hospital, a major metropolitan facility that, at the time of our visit, was undergoing an effort to unionize the housekeeping staff; Baltimore Memorial Hospital, a suburban facility with an upper-middle-class service area; and the Delaware Hospital, an urban community hospital and the major referral center for the other hospitals in the state.*

The Delaware Hospital provided an opportunity to work with excellent people, obtain first-hand general management experience and be part of a manageable community. Perhaps

most importantly, it provided an unexpected opportunity to reassess and redefine my own career goals and interests.

Within months of beginning the residency, Mr. Valentine, the associate director, resigned to assume a CEO position in West Virginia, and Stuart Westbury, the assistant administrator responsible for outpatient clinics, left for a position in Michigan. Fortunately, the hospital was ably supported by Jim Tyler, the chief financial officer; Frank Graham, the personnel director; Ms. Trunk, the director of nursing; and Ms. Finney, the medical records librarian.

The departure of Valentine and Westbury left Mr. Griffith and me, a 24-year-old administrative resident, as the key management personnel responsible for the daily operations of the Delaware Hospital. Under any conditions, that was a pretty scary thought, given the size and scope of the operation. There was not only the issue of my lack of experience, but as I subsequently learned, neither did Mr. Griffith have a great deal of operational hospital management experience.

Prior to the departure of Valentine and Westbury, Mr. Griffith's primary responsibility and focus had been maintaining an effective relationship with the board of trustees and the medical staff. From all indications, these relationships were well maintained, and Mr. Griffith had the full confidence of both the board and medical staff.

As the administrative resident, I shared an office with the associate director, an office that was part of a larger administrative suite and one which provided an excellent opportunity to observe the management in very operational terms.

Nodal Event: Where you stand depends on where you sit. *When Mr. Valentine left, I moved to his desk, not fully realizing that simply moving to another desk would have significant organizational implications. Location is important. If nothing else, it symbolically provides organizational identity to the occupant. That is, operationally, whoever sits in the chair of the associate director is the de facto associate director, dealing with the constant flow of people, issues and questions regarding the operations of the hospital.*

I clearly was beyond my level of competence, but in retrospect, I managed reasonably well, building on the insight, wisdom, support and kindness of Ms. Finny, Mrs. Trunk, Mr. Frank Graham, and Mr. Jim Tyler. As in the past, I had a weekly face-to-face meeting with Mr. Griffith to review the events of the week. Mr. Griffith continued to focus on the issues of the board and the medical staff but took a more active oversight role in the daily operations of the hospital.

Once each week, Mr. Griffith and I would tour the hospital, beginning at the top floor and moving to the third sub-basement. It constituted “management by walking around,” but that is clearly an important symbolic part of any management role; simply being visible provided an opportunity to acknowledge the work and contributions of staff and support personnel in the various departments.

Obviously, management is more than being visible and gracious. It requires a fundamental and intuitive understanding of the structure, culture and internal dynamics of the organization.

Nodal Event: Change in Career Plan. *Being at the center of the day-to-day operations of the hospital was interesting, personally rewarding, and honestly, quite a thrill. However, as the days moved into weeks and months, it became obvious that management was not my calling. The two years at the Delaware Hospital provided a thorough operational view of hospitals. My perception was that these institutions are complex and interesting organizations, as they deal with the most fundamental issues of life. Their effective operation requires research and the development of evidence-based programs and strategies to improve management and operations. Some years later, this perception was captured in the quality improvement concepts and publications of W. Edwards Deming, who said, "the problems are with the system, and the system belongs to management."*

The Delaware Hospital provided the seedbed for a career change. Hospitals and health care remained the focus, but the

experience provided me with clarity to reframe my role and potential contributions. Recalling Dr. Donabedian and his lectures on structure, process and outcome, and the McNerney seminars on the role of management in health care – along with extensive discussion with Barbara – led me to a major change in career goals.

In fall 1962, we applied to the UM doctoral program in medical care organization, an interdisciplinary research curriculum in what today would be termed health services research.

Get a Life. While work was a consuming activity, Barb and I were also busy creating a family and a social life. Living on the second floor of the Monroe Apartments, we established friendships with our neighbors. Barb was working at Delaware Power and Light, and with the arrival of Don McAneny as the new administrative resident, and his wife Pris, and the Raymonds, the new Delaware Hospital chaplain and his wife, it was a fun time. Through hospital contacts, we spent a delightful month dog-sitting in a beautiful house in Chadds Ford, Pa. The house, which dated back to the Civil War, had a swimming pool, and we had access to their cars, one of which was a Mercedes Benz. For two people who grew up on the south side of Milwaukee, living in the Barringers' Chadds Ford house, driving their Mercedes, was indeed "another world."

Carrie was born on June 18, 1962. Following a normal, uneventful pregnancy, there were serious problems during delivery that would have critical consequences for all aspects of

our life. Carrie subsequently was diagnosed to have significant learning difficulties that became apparent in grade school and influenced Barb's decision in 1968 to return to school to earn a degree in special education, graduating in 1970 from UNC School of Education. Some years later, Carrie also was diagnosed with scoliosis, a lateral curvature of the spine, which further added to her disability. With dedication and Barb's guidance and dedication, Carrie has confronted an array of medical, cognitive and personal challenges and has demonstrated a great deal of courage in dealing with numerous adversities, none of which are of her own making.

Much like our other transitions, Barb and I never looked back. The focus was on the future. As John Schaar describes:

> *The future is not some place we are going, but one that we are creating. The paths are not to be found, but made. And the activities of making them change both the maker and the destination.*

Finding Direction
(1963-1967)

In spring 1963, we received the acceptance letter from the University of Michigan PhD program in Medical Care Organization (MCO). This was a graduate interdisciplinary program in the Department of Medical Care Organization, School of Public Health, and was administratively located in the Horace H. Rackham School of Graduate Studies.

MCO was a precursor to what is now widely known as health services research – an interdisciplinary field of study that examines how health care is affected by social factors, financing systems, organizational structures, technology and behavior. The academic program is designed around required coursework in selected basic social sciences, including demography, economics and sociology, all taught outside the department. With this as a foundation, students selected a collateral area with advanced courses in one of the social sciences, providing the theoretical focus for the dissertation and subsequent research and relevant methodological training.

Nodal Event: Social psychology. *Of the options, I selected social psychology, which at Michigan, was interdisciplinary, involving the departments of sociology and psychology. It was a collateral area, aligned with my interests in advancing the evidence base of management of health care organizations.*

Social psychology provided the theoretical perspective for understanding the structure and organization of interpersonal processes that underlie highly professionalized organizations, such as hospitals and health departments. That, coupled with methodology courses in sampling, statistics, study design, etc., provided the tools to launch research in an effort to expand the evidence base for management and policy decisions.

The academic challenge was to link the collateral areas to the issues of health services. The MCO core faculty included Professor Chuck Metzner, a psychologist with an interest in the history of science (who eventually became the chair of my dissertation committee), and Professors Ben Darsky, Avedis Donabedian, Sy Berki, Gene Finegold, Sy Axelrod, and Raschid Baschur, representing various social science disciplines. Only in retrospect do I fully realize these were pioneers in a field that eventually became known as health services research. To a large extent, my activities over the next 40 years can be attributed to the fact that my academic training and experience at Michigan provided me the opportunity, as Wayne Gretzky, the highest scorer in the National Hockey League, would say, to "skate where the puck will be."

Classes started in September 1963. As an entering doctoral student, I was awarded a U.S. Public Health traineeship that was renewed each year for the next four years. It was a demanding academic program, taught by an outstanding faculty and requiring advanced courses in macro-economics, social organization, social psychology of organizations, group dynamics and an array of methodology courses, including theory of data, survey data and demography. Department

courses that linked or applied theory and methods to the study of health services were taught by Professors Metzner, Darsky, Donabedian and Finegold, including social theory applied to health services, history of science, and health economics.

Students were given office space and exposure to research staff involved with ongoing department research – and were given access to databases for their own dissertation research. These dissertations were spin-offs from ongoing research projects, resulting in a collaboration with senior faculty – a very "hands-on approach" that was central to the evidence base for advancing understanding and improving access and quality of health care.

Recollections of Vance Hall. The department provided office space for the doctoral students and several research faculty members. Roger Battistella was just completing his dissertation and was on his way to Cornell University, in Ithaca, N.Y. Mitch Greenlick was a third-year student about to take his preliminary exams. Don Freeborn was a second-year student. Don had a background similar to mine, with an MHA from the Medical College of Virginia. As a second-year student, he already was involved with several research projects and was working closely with Ben Darsky. Of the group, Barb and I got to know Don and his wife Johnney a bit more than any of the others, primarily because we shared a management back-ground, given the MHA.

During the four years that I was involved, several other students at various stages of training would come and go. As I recall, many never completed the program.

Mitch Greenlick was and remains most memorable. He was a pharmacist from Detroit, with a passion to provide universal quality health care to all segments of the population. His desk was full of books, and I recall vividly the 33 volumes of the Committee on the Cost of Medical Care (CCMC) stacked on his desk. The CCMC is a comprehensive study of health care in the U.S., a classic in its time, and I am sure that Mitch read every volume, just as he liked to report.

After graduating, Mitch became founding director of the Portland Kaiser Permanente Health Services Research Center, a pioneering effort in the late 1960s and early 1970s. These efforts were well-recognized, and he was elected to the Institute of Medicine very early in his career. In 1990, he retired from Kaiser and was appointed chair of preventive medicine and public health at the Oregon Health Sciences University. In 2002, he was elected to the Oregon House of Representatives and served in that capacity on the House Committee on Health Care until he died in May 2020. The position provided him the opportunity to directly influence and promote “fairness, justice and health care as a human right” for all.

Vance Hall also included several members of the MCO research faculty and staff. Raschid Bashur was the study director of the Choice of Medical Care project. He was a doctoral-level sociologist from UM who was very helpful to all the doctoral students at Vance. The Choice of Medical Care project eventually provided the database for my dissertation.

Betty Sears was data manager for the project. Betty was very helpful, particularly during the dissertation stage, providing

ready access to and guidance about data and data management.

Working with Raschid and Betty provided real insight into the operations of a large research project, particularly data management. As I write this, I'm also reminded of how much technology has advanced. Much of the data at that time was on punch cards, and a good part of the analysis involved sorting the cards to arrive at various tables. As will be discussed later (see page 65), my coursework and dissertation analysis involved the use of Multiple Dimensional Scaling (MDS) and the use of computer programs, which at the time were just emerging. These approaches are now part of the digital world and are readily available and used on a daily basis.

Academics. The first two years were devoted to coursework, which exposed us to the faculty – in my case, to the faculty and students in the departments of sociology and social psychology and in the department's applied integrative course. One course, The Social Psychology of Organizations, by Daniel Katz, was especially memorable.

Nodal Event: Katz & Kahn. *The course content was based on the recently published text,* The Social Psychology of Organizations*, by Daniel Katz and Robert Kahn. The book and course provided the conceptualization of organizations that I was searching for and continues to*

influence my thinking about organizations in general and health care organizations in particular.

Professor Katz was gracious in manner, and in my mind, a legend – not only because of the substance of the course and his insight into complex organizations, but also because of his perspective on life and the academic world. It was a small class, with active interchange between Katz and the 10 social psychology doctoral students.

At Michigan, the fraternity dogs would roam the campus and occasionally wander into a classroom and take a nap. On this particular day – a beautiful October afternoon – a large Great Dane plopped down in front of the room, and about 15 minutes into some introductory comments by Katz, the dog got up, stretched and slowly walked out of class. Katz paused and said, without missing a beat, "If it's that boring, I think it's best we *all* adjourn and enjoy the beautiful weather!"

Preliminary Exams. At the end of the second year, the department scheduled three consecutive days of preliminary closed-book exams. The first day focused on health services, medical care organization and the general issues of financing, economics, policy, and organization of health services; the second day was tailored to the cognate area (in my case, social psychology); and the third day tested methodology, study design, sampling, metrics, and statistics. This was a stressful situation, especially given our knowledge that a number of past

students had not been successful on the first try, and several never completed the program. The exams were also a transition point; if these were successfully completed, one was permitted to move on to full-time work on the dissertation research.

The exams were read by the department faculty. About two weeks after the exam, I received a note in my mailbox, saying that several of my answers were not sufficiently legible to read. I suspect this was an issue for Dr. Donabedian, who, as I learned later, read everything very closely. Since the substance was already on paper, I concentrated on my best penmanship. It certainly was worth the effort. A week later, Dr. Donabedian complimented me that he was able to read the exam, and it was well done. What looked like a potential disaster turned out all right, and the most rigorous member of the reading committee became a longtime friend and mentor.

The successful completion of the prelims meant that dissertation research could begin. In many respects, the topic area was pretty well-defined since, in my case, I would be involved with the department's ongoing study of the UAW choice of health care plans. My primary task at that point was to select a dissertation committee and prepare and defend a research proposal. Committee selection is important, since it is helpful for members to have expertise relevant to the subject area and be able to function as a collegial group interested in the topic and the theoretical or methodological approach of the dissertation.

Nodal Event: Selecting a Dissertation Committee. *Once prelims were completed, a dissertation committee was formed to judge the scientific merit of the doctoral work. My committee included three MCO faculty and two faculty members from social psychology.*

Professor Metzner chaired the committee and was joined by Professors Darsky and Donabedian, and J.E. Keith Smith, from the social/math psychology department. The fifth member had to be from the collateral area of social psychology. With some trepidation, I made an appointment to meet with Professor Katz to see if he could recommend a junior colleague. The expectation was that senior faculty worked primarily with their own doctoral students, not students from other departments.

I described the proposed research, the database and analysis plan, and to my surprise and great pleasure, Professor Katz declined to name a colleague, rather agreeing himself to be a member of the committee. I suspect his acceptance was based on his interest in the topic but also his relationship with the other members of the committee, whom he knew and respected.

Family Life. During the first two years, Barbara, Carrie and I lived in a one-bedroom apartment on North Campus, not far from our 1960 apartment. Unlike 1960, this was now familiar territory, although as in the past, new relationships and friends

needed to be established. We lived on North Campus for two years.

The U.S. Public Health Traineeship (USPHT) permitted Barb to tend to Carrie's needs as well as to develop friendships with other North Campus graduate families. One, in particular, stands out. Living in the same complex of building were Liza and Marvin Kanter. Marvin was a graduate student in Serbo-Croatian/Russian from New York City, and Liza was Danish. Barb and Liza became close friends, as both were young mothers. Marvin and I had very little in common except that we were both graduate students in totally different worlds, yet relationships develop and help comes from unexpected sources.

Fast forward this relationship by two years. Friends and colleagues along the way are important. Case in point: UM required all PhD candidates to pass a foreign language exam. I selected French simply because, at some point in life, we hoped to spend time in France. The requirement involved a two-part exam vocabulary, and once that was passed, a reading exam from a text selected by the examiner in your field of study. Memorization was never a problem, and I passed the vocabulary exam on the first try.

The reading exam presented a totally different challenge, to the extent that I had failed it twice before I took the prelim exams and was very anxious to move onto the dissertation research. I recall conversations with Marvin, who happened to be the Russian examiner, and he suggested that I take the Russian exam. I balked, saying I didn't know Russian. Marvin's

reply? “Neither do any of the PhD students in physics and chemistry. I pass them because they have a more important mission than spending time learning a language to pass an arbitrary test.”

At this point, it was an intriguing offer. However, I had one more reading exam scheduled. How would it look to my department that I already failed the French reading exam twice and ended up passing the Russian exam? I decided to try the French exam once more and then talk to Marvin again if I failed.

This time, as luck would have it, the French examiner, instead of selecting books such as Rene Sands’ *Social Medicine*, with all sort of idioms, selected a statistics book. I passed with flying colors. End of story!

We lived on North Campus for two years. For the last two years, based on the recommendation of a graduating doctoral student I met in the course taught by Clyde Coombs on the theory of data, we moved to Sam Parker’s farmhouse. Each year, Mr. Parker would winter in Florida, and each year, the house was passed down to students in Professor Coombs’s course. It was a classic midwestern farm house, supplied with a tractor to plow the driveway, so that we could access the paved road to the university. The house provided space for Carrie, as well as for Trace, a yellow Labrador Retriever we had recently acquired.

Dissertation. With the completion of the prelims and the language requirement, the last hurdles were out of the way. That permitted me to concentrate on my dissertation research,

dealing with the choice of medical care plans by members of the United Auto Workers union (UAW). This was part of a larger research project within the department, of which I carved out a data set and developed a theoretical perspective and methodology to test whether cognitive balance theory would predict the UAW member's choice of two different types of prepaid health insurance – an indemnity plan sponsored by Blue Cross/Blue Shield or a hospital-based group practice sponsored by the UAW.

One of the unanticipated discoveries during my time in Ann Arbor was the joy of anonymity and solitude available on a large university campus – the ability to walk the campus as if invisible, observing others, thinking my own thoughts, taking in the grandeur of the university and the prestige of its faculty, and glowing with the privilege of being not only *in* but *of* this larger academic community.

This period also was a time to work through conceptual problems relevant to the dissertation. One personal incident, experienced by many doctoral students during the dissertation phase of their training, was to rediscover solved methodological problems. While working on the dissertation, there were a number of conceptual/methodological problems that had to be resolved. I had discussed these with the appropriate members of my committee.

Nodal Event: Rediscovering a Solution. *I rediscovered one of these problems that had already been resolved in discussion with*

Professor J.E. Keith Smith, the mathematical psychologist, who was a member of the committee. In a panic, since this issue could be a fatal flaw in the conceptual logic of the dissertation, I went directly to his office and presented the problem. We worked things through and arrived at a solution. Only when I left, walking back to my office, did it occur to me with some embarrassment that we had resolved this two months ago. Either Professor Smith did not remember the prior discussion or he was too gracious to remind me that we had already solved this months ago.

Most likely the latter – and when I left, he probably shook his head and attributed this to the trauma facing all doctoral students in the dissertation stage of life.

Fast forward to now, after 20 years as a professor with doctoral students. I recall many conversations with students as they rediscover problems that we had discussed and resolved in prior conversations. Hopefully I have been as gracious, patient and helpful as Professor Smith was to me.

To study and work with world-class faculty was truly a privilege for which I am forever grateful. I am sure that I did not fully take advantage of the many opportunities that were provided or presented. One clearly stands out as memorable.

As part of the theory of data course taught by Professor Clyde Coombs (an advanced class in mathematical psychology,

for which I did not have the necessary mathematical prerequisites), I was introduced to multidimensional scaling (MDS) as a methodology that was relevant to my dissertation research. The method was initially developed by Louis (Leo) Guttman. Dr. Coombs' caricatured description of Guttman was something to the effect of, "Leo is a very nice man. He does arithmetic very well, but he has a hard time with higher-level math."

Nodal Event: A Missed Opportunity. *The application of MDS to my dissertation and the UAW choice of health care plan data required several consultations with Professor Lingoes from the UM math psychology department, who managed the program at the UM computing center. As he got involved with the data and the MDS application, he suggested that "since Leo was coming to Ann Arbor, perhaps you should have him look at the data." I set up an appointment with Professor Guttman, and he reviewed the data, resolved the problem, and suggested that he and I should develop the work into a publication.*

I was so involved in moving forward that I never followed up with the invitation – a missed opportunity indeed.

While this conversation occurred many years ago, the personal meeting with Professor Guttman was a reminder that, within the academic community, grand egos prevail. Guttman

was very interested in what courses I had taken, and I mentioned theory of data, which involved the development of a taxonomy of various metrics/data measurements. There was a slight pause, and then his response to the effect, “Clyde is such a nice man, but I solved these problems many years ago. I have no idea why he is wasting his time on this classification scheme.”

Career Options – Moving On. The decision to move to Chapel Hill and accept a faculty position in the Department of Health Administration in the UNC School of Public Health was not done with a great deal of thought or planning. A number of opportunities were available at the time that offered greater career potential. As discussed below, opportunities present in many forms, and in retrospect, Chapel Hill and UNC proved to be an excellent choice – all things considered.

Nodal Event: Not at Michigan, after all. *I was initially offered a faculty position in the University of Michigan School of Public Health (UM/SPH) Department of Medical Care Organization (the department and school from which I was to graduate). That was quite an honor and very appealing. However, a conversation with Professor Ben Darsky, a senior faculty member in the UM/MCO department, forced a rapid reassessment. As I recall the conversation, Professor Darsky, a*

sociologist and an excellent and demanding teacher, had some very kind words about my work and potential. He concluded our conversation by saying that he would oppose my faculty appointment to the department.

I don't recall whether Darsky actually provided the rationale for his decision (he probably did), but under the circumstances, sitting in his office hearing that he would not support the appointment to the UM faculty, I most likely was not in any state to hear or comprehend the rationale. Only in retrospect did I fully understand that Professor Darsky was doing me a great favor. Obviously, I was disturbed and very disappointed, but I quickly realized that UM was no longer an option, since joining the MCO faculty without the support of Professor Darsky would not be a smart decision.

Given the reputation of the Michigan program and the MCO Department and faculty, other options were very much in play, including the University of Pittsburgh, Columbia University, Kaiser Permanente, and UNC. (I can't recall how UNC got on the list.) Visits were made to Pittsburgh and UNC, and there were further conversations with Mitch Greenlick and Kaiser. Kaiser was an attractive opportunity – a full-time research position, associated with a very innovative delivery system and a dedicated health service research center aligned with the Kaiser Permanente Health System. There was also the excitement of living on the west coast.

Knowing Mitch and his style of operation, I wondered whether I would have sufficient autonomy to develop my own

agenda and priorities, so I respectfully declined that offer. We remained friends, and I continued to observe with great admiration his accomplishments, both as a scholar, and later, as a senior member of the Oregon House of Representatives.

The University of Pittsburgh was still an option. Pittsburgh was a well-established School of Public Health, more in line with my academic priorities, with excellent faculty and room for good work and growth. The UNC School of Public Health had excellent departments of biostatistics, epidemiology and environmental sciences. The Department of Health Administration was marginal at best. The department was composed of autonomous programs, none of which were involved with any substantive research or had any national reputation. In fact, when I made my presentation to the faculty on my research (a ritual for any academic appointment), a comment was "very interesting, but you should really be in the Department of Epidemiology, where they do research."

I returned home, and Barb and I reviewed the options. My brother Dick was at UNC as a master's student in city and regional planning. Chapel Hill was a nice community, and we were pretty tired of the northern winters, so we said, "What the hell? Let's go to UNC." As they say, the rest is history.

Some years later, Professor Darsky and I had opportunity to revisit that conversation, and we both agreed that while it was difficult at the time, leaving UM was clearly the right decision for me. I'm grateful for the decision, as UNC gave me a pathway to establish my own professional identity. Ann Arbor provided the intellectual foundation for my academic career

and was clearly the right place to be as a student. It provided a chance to study and work with the pioneers in the emerging field of health services research and with world-class scholars in social psychology, sociology, psychometrics and survey sampling.

Given the prevailing culture and personalities in Ann Arbor, and perhaps in Portland, I suspect I would have had a difficult time making the transition from the role of student to that of an independent researcher and teacher, trying to contribute to the emerging field of health services research. UNC and Chapel Hill gave me the opportunity to remain within an academic setting, develop programs (I launched the UNC doctoral program and was the director for 17 years), and set my own research and teaching agenda, which was focused on organization design and behavior as it affects organizational change and innovation. Both the research and teaching were based on my UM work and study with Professor Daniel Katz and the Katz and Khan book, *The Social Psychology of Organizations.*

The Larger Context. The mid-1960s were a turbulent time. While the assassination of President Kennedy was an unforgettable event, an equally significant event was the emergence of the civil rights movement during this period of time. In spring 1961, civil rights activists known as the Freedom Riders challenged racial segregation by traveling in small interracial groups to various southern states. By 1963, these were becoming major confrontations, and many of the participants were beaten and/or killed.

Between 1963 and 1966, many UM graduate and under-graduate students were participants, and several that we had known joined the Freedom Rider movement, many leaving school and not returning.

Nodal Event: Constancy of Purpose. *We were aware of these historical events, and as friends and colleagues, we often would ask each other, "What will we tell our children and grandchildren when they ask what we were doing during the civil rights movement?"*

Barbara and I were very aware of the situation and very sympathetic to the cause, but consciously or unconsciously, the decision at that point in our lives was that we needed to focus on completing the doctoral program and taking care of our family. In retrospect, this was the right decision. Unfortunately, the cause of civil rights continues, and at present, still demands redress. I suspect it will continue to be a struggle for the foreseeable future and beyond.

Living the Dream
(1967-1974)

Chance favors the prepared mind.

--Louis Pasteur

We arrived in Chapel Hill in mid-June 1967, in a blue Ford station wagon, with Barb and me, Carrie and Trace (the yellow lab we had at the Parker farm house) all piled inside. Dick was enrolled in the UNC city and regional planning department, and he and a colleague were moving from a rented basement apartment on Hillside Drive. He asked Evelyn Brady if we could rent the apartment for a few weeks as we settled into Chapel Hill. Evelyn agreed, and over the next 40 years, we were good friends with Evelyn and her two boys – John and Dan. In 1969, we bought our first house on Hillside Drive, just down the street from Evelyn's house, and we maintained a close relationship with Evelyn, John and Dan through the years.

Chapel Hill was quite a contrast to Ann Arbor. It was a pleasant community, academically less intense, and in retrospect, it provided time to reassemble and make the transition from student to faculty member and to begin family life. Barb returned to school, receiving her Bachelor of Science degree in special education. Carrie enrolled in grade school, and Melissa Kyle was born at UNC Hospitals on February 27, 1969.

Our new house on Hillside Drive quickly became a home and provided the context for family life.

Our family – Barb and me, with Carrie and baby Melissa (1969).

Barbara was the critical player in the development of both Carrie and Melissa, and with great dedication and love, managed both girls, assuring that each fully realized their individual potential.

Family was important – but as they say, "past is prologue," and the academic world dominated much of our life. My appointment was contingent upon the availability of funds, mainly working with John Gentry in the Program in Medical Care Administration, one of several autonomous programs within the Department of Health Administration.

The department was in the process of searching for a new chair, and my appointment was made without any consultation with the incoming chair, as each program was autonomous, with its own federal funding. Morris Schaeffer, the new chair, arrived in mid-July from Albany, N.Y., with a background in public administration. Morris was not interested in research *per se,* but in the design and content of the curriculum. While he was occupied with trying to manage the department and negotiating with the directors of the various autonomous

programs, I began building the elements of a PhD program modeled after the UM School of Public Health program in medical care organization.

Nodal Event: the DrPH. *The department had an approved DrPH degree, and after several failed attempts to gain university approval for a PhD program, I decided to adapt the DrPH to fit the UM MCO model, emphasizing research training. Such training would focus on understanding the structure and function of health services delivery, a social science collateral area to provide a theoretical grounding and guide for the research, e.g., sociology, economics, political science, and training in research methodology appropriate to the disciplinary field.*

Morris was receptive to recruiting faculty members in these areas, as the program aligned with his curriculum priorities. I contacted Jim Veney, who at the time was the director of research for the Blue Cross and Blue Shield (BCBS) Association in Chicago. Judy and Jim arrived, and with Jim providing and expanding the methodological base, the program was off and running. A few years later, Dan Beauchamp arrived to focus on policy/political science, with an interest in drug and alcohol abuse. Slowly, over the 17 years that I was director of the doctoral program, we were able to recruit excellent faculty in operations research and finance.

Recruiting an economist was essential and proved to be especially difficult. Within the academic community, health economics was considered a marginal subspecialty, and while we were able to interest a number of excellent candidates, none were acceptable to the Department of Economics. The UNC vice chancellor, Dr. Cecil Sheps, required that the candidate have a joint appointment in the UNC economics department, and I spent a great deal of time trying to recruit an economist who would be acceptable to both the Department of Health Administration and the Department of Economics. Finally, in the late ’70s, health economics was recognized as a important area of economics, the pool of interested and qualified candidates expanded, and the UNC Department of Economics came of age. Our department recruited some excellent faculty members, including Roger Feldman, Debbie Freund and Tom Rice, all with joint appointments in the Department of Economics.

Activities on Multiple Fronts. Several things were happening simultaneously within the School, the department and university. At the time, each was viewed as an independent activity, but when viewed in retrospect, all had collective and profound consequences for my subsequent activities and our family. These activities included joining the health services research community and becoming exposed to population studies and family planning.

Joining the Health Services Research Community. My early interest in the implementation of innovations was aligned with UNC’s efforts to establish a center of health services research.

Nodal Event: Interview with John Gentry. *During my initial interview with John Gentry in spring 1967, we talked about his interest in the implementation of program innovations in hospitals and health departments -- innovations such as home care, screening programs, tobacco cessation – and the factors that facilitate or impede their implementation. These discussions were part of a university-wide effort to establish a UNC Health Services Research Center in response to the RFP from the National Center for Health Services Research.*

The proposal was drafted and submitted as Appendix I in the larger UNC core proposal. The core proposal was approved and funded in the fall, along with the proposal in the appendix. That project formed the base for my initial research efforts when I arrived in Chapel Hill.

Nodal Event: Core Research Proposal. *Two activities were launched, based on Appendix I in the core research proposal: 1) John Gentry, Jay Glasser and I authored a paper, "Innovation in Health Care Organizations: Review of Research and Plan of Project Studies, published in* Health Services Research*, and (2) a conference was held in Chapel Hill, attended by various*

> *researchers who were studying health care organization and innovation. Among these were Jerald Hage (Wisconsin), Sol Levine (Boston University), Saxon Graham (State University of New York-Buffalo), Jerry Gordon (Cornell), and a number of his doctoral students, including Michael Moch and John Kimberly. The presented papers highlighted ongoing research and were collected in a departmental monograph,* Innovations in Health Care Organizations.

Both the *HSR* paper and the conference had long-term implications for subsequent career opportunities. The idea of assessing program innovations, and particularly the factors affecting their implementation in health care organizations, was a relatively new concept, and the *HSR* paper provided a reference point within the developing health services literature. The conference provided exposure to the larger research community interested in the study of organizational innovation.

Together, the *HSR* publication and the Chapel Hill conference and resulting monograph provided the basis for two subsequent invitations. Again, only in retrospect do I fully appreciate their significance and importance for subsequent activities and opportunities over the next 40 years.

- **An invitation to be a member of a National Cancer Institute (NCI) ad hoc site visit team to the**

University of Chicago Cancer Center (UCCC). The NCI funding of cancer centers requires review by a study section, and if questions are raised regarding the capability of the institution to conduct the proposed research, the NCI assembles a group of external faculty to visit the institution and meet with the principal investigator and other relevant personnel for an in-depth discussion of the proposed research.

The site visit team is made up of researchers from around the country who have expertise relevant to the areas of proposed research. The UCCC was proposing research in the area of organizational innovation, and Saxon Graham, a member of the NCI study section that reviewed the submitted proposal, was asked to join the site visit, along with seven or eight other reviewers. Dr. Graham could not make the visit and suggested to Wayne Hurst, executive secretary of the NCI study section, who was responsible for organizing the visit, that he invite this "young man at UNC (whom Dr. Graham recently had met at the Chapel Hill Conference on Organizational Innovation) who is doing some interesting work in this area." Hurst followed up on Dr. Graham's recommendation and invited me to join the site visit team.

In retrospect, this single event provided the basis for many subsequent invitations, and over the years, I

was given the chance to be an active participant in the NCI peer review program, and over time, was appointed to various NCI advisory committees.

- **An invitation to prepare a paper for a National Institutes of Health (NIH) conference at Cornell on medical innovation and diffusion, being organized by Jerry Gordon.** As with the NCI, the initial conference in Chapel Hill provided exposure to others working in this area, and in the early 1970s, the NIH and its various Institutes were concerned about the diffusion and implementation of the changing science and medical technology.

  To assess the challenges and opportunities, the NIH invited Jerry Gordon to organize a conference to be held in Ithaca, N.Y., commissioned a number of papers, and invited the directors and leadership from the various NIH Institutes. Based on our Chapel Hill conference, in which Jerry was a participant, and our follow-up conversations, I was invited to be the lead author (along with D.Y Barhyte and G. Reader) on a paper titled "Health Systems." The paper was well received and was published, along with others, in Gordon J. and L. Fisher (editors), *The Diffusion of Medical Technology Policy and Research Planning Perspectives*.

Exposure to Population Studies and Family Planning. The UNC Carolina Population Center (CPC) was a university-wide research center that included faculty members from various schools and departments focused on population research around the world. Moye Freymann, the center director, was also a professor in the Department of Health Administration. He was a charismatic person, truly dedicated to the challenges of family planning and the implications of population control, and he was committed to institution-building in the developing world.

The Center had a number of institutional relationships with universities and centers in India, Pakistan, Iran, Thailand, Taiwan and various African countries. The CPC, in collaboration with the department, had developed a mid-career training program in population management. Senior and mid-career people from various foundations and governmental agencies, e.g., Ford Foundation, Population Council, WHO and USAID, as well as senior people from various institutes in India, Iran and countries in Asia, where the CPC had relationships, were enrolled in a specially designed program focused on the provision and management of family planning services.

As part of my teaching responsibilities, I was assigned a course in the population management curriculum. Frankly, it was a very intimidating group. There I was, a 28-year-old assistant professor “professing” to people twice my age, who had extensive experience in the management of large health care programs around the world. Perhaps most memorable was Hans Krusa, program officer from the Ford Foundation, in Delhi, India. Prior to joining the Ford Foundation, he had occupied a

named chair in marketing at NYU. All is well that ends well, and Hans became a close friend and role model for how senior people should relate to their junior and less-experienced colleagues.

The affiliation with the population management course and with the CPC provided opportunities for international work. As with the study of organizational innovation, what appeared as a fairly routine teaching assignment had long-term career implications.

Nodal Event: Teaching in India. *One of the population management students, Dr. Prasadi, was also associate director of the Guandigram Rural Institute for Population Research in southern India, funded by the Ford Foundation. Based on my teaching in the population management course, Dr. Prasadi – influenced, I suspect, by Moye Freymann – invited me to teach a three-week research methods seminar in Guandigram*.

Following discussion with Barbara and some reluctance on her part, the answer was “yes” – an answer that she offered on many subsequent career decisions. Mom and Dad, along with Aunt Blanche and Uncle Tony, drove to Chapel Hill to stay with Barb, Carrie and Melissa during these three weeks.

Prior to my trip to India and building on our interest in international travel, I had made application for a Fulbright Fellowship to Brussels to work with faculty at the Free University. Shortly after my return from India, I received word that the Fulbright had been awarded, and we needed to make plans to live in Brussels for the coming year (1971). It was a dream come true – to be a Fulbright Scholar at age 30 for a year in the heart of Europe.

As a result of my time in India, I got more involved with the CPC and its various programs. When Freymann heard about the Fulbright, he asked, in his quiet but forceful way, "*Why?* You just returned from India, a country facing major challenges. Your talent would be better served to spend a year in India." Moye was a tenacious person, with many contacts around the world, and at the time, CPC had a fair amount of discretionary funds under the rubric of "institution building." Moye put together a package that would enable me to spend time in Gaundigram and at the National Institute for Health in New Delhi.

Nodal Event: A Year in India. *In discussion with Barbara, we respectfully declined the Fulbright and made plans for Barb and I, Carrie and Melissa to fly to New Delhi and spend the year in India. In retrospect, that was an unbelievable decision. We rented the house, sold our car, packed up a trunk with snow pants and boots for Carrie and Melissa, since it gets quite cold in Delhi, and were set to go.*

On the day we were to leave, we received a call from Ray Baker, the CPC business manager. “Arnie,” he said, “we have a slight problem.” The problem was that after CPC made plans for us to go to India under Ford Foundation funding, the Indian government instituted a requirement that all visitors must have a visa. (Actually, it was more than a logistical problem. Evidently, the U.S. State Department and the Indian government were involved in some diplomatic squabble that extended for months or years.) We did not have visas, the house was rented, the car was sold, and our bags were packed.

In typical fashion, Moye Freymann said, “No problem! This visa thing will be resolved in two or three weeks. Leave as scheduled, and we will arrange for you to spend a few days meeting with people along the way, in Japan, Taiwan, Hong Kong and Thailand, and by then, this will be resolved. You’ll have the visas and can move on to India.”

We never got to India. We made all the intermediate stops, living in hotels, with Carrie six years old and Melissa 18 months, and finally arriving in Bangkok. CPC had a large institution development project with Mahidol University, funded by the Rockefeller Foundation. Karl Bauman, a faculty colleague from the UNC School of Public Health, was the onsite adviser.

Living in a Bangkok hotel, I would go every day to the Indian embassy to check on the visa application. After 30 days, our Thai entry visa expired, and we ran out of money. We got a call around 4 a.m. from Freymann and Dick Udry.

"Arnie, here are your options," they said. "(1) You can come home, since India will not be resolved in the foreseeable future; or (2) You can stay and replace Karl as the CPC adviser to Mahidol University Institute for Population and Social Science (IPSS)."

Since Karl and Judy and their family were scheduled to return to Chapel Hill within the next two or three months, and our house was still rented, we decided to stay and replace Karl for the year.

Life in Bangkok. Like so many things in life, a serendipitous event, which at first appeared to be an unmitigated disaster – turning down a Fulbright to Brussels, our inability to work in India – proved to have a wonderful outcome. It was a year that provided new challenges, opportunities and the development of lifelong friendships with Thai colleagues and various UNC faculty members who visited Bangkok throughout the year.

Actually, there were two ongoing projects at Mahidol, and the year provided the opportunity to contribute to both. One was a large institutional development contract funded by the United States Agency for International Development (USAID) between Mahidol and the UNC School of Public Health to provide technical assistance and training for the various departments in the school. The second involved the development of the Institute of Population and Social Science (IPSS), which was funded by the Rockefeller Foundation through the CPC. My assignment was with the IPSS, but I worked very

closely with the USAID Adviser Andy Hynal, who coordinated activities between the Mahidol and UNC schools of Public Health.

Karl Bauman had spent most of the year teaching research methods to various Mahidol School of Public Health faculty to conduct research at the IPSS. Despite his best efforts, he arrived at the conclusion that his work was not sufficient to adequately prepare the institute for its role as a major Thai research center. I concurred, and we proposed to Dick Udry and Moye Freymann that a preferred course would be to recruit recent graduates from Thammasat and Chulalongkorn Universities, two outstanding Thai universities, and send them to the U.S. for doctoral training in sociology, demography, economics and health services research.

Four outstanding students were identified, and all were admitted to U.S. universities – two to UNC, one to Brown University and one to Cornell. All but one successfully completed doctoral training and returned to the Center in various research capacities. One achieved distinction as a well-respected demographer, and for many years, served as director of the institute.

We lived in the Bangkok Apartments in 1972-1973. As the CPC adviser to the institute, we were assigned a car and a driver (Sopon) and a housekeeper/cook (Soum). Carrie went to the American School, and Melissa stayed home with Soom. Barb quickly found friends in the American community. The Vietnam War was ongoing, so there was a large contingent of American military and USAID families with children. Access to the U.S.

Army Post Exchange (PX) was highly valued, and there was a real distinction between those who could and could not use the PX. We did not have access, but thanks to Chris and Bruce Carlson, who were with USAID and did have privileges, we were able to have cookies and other luxury items for Carrie and Melissa.

"The world is flat," declares Thomas Friedman in his 2005 bestselling, Pultzer Prize-winning book. By this, he means that a variety of forces are leveling the playing field of commerce, such that the expanding technology is available to all countries in the world. The world is indeed flat – and it is also small.

While you are living halfway around the world, people whom you may never get the opportunity to know at home, or at least not get to know well, become part of your immediate environment.

Jim Ingram was dean of the UNC graduate school and professor of economics. In his role as dean, he was responsible for rejecting the initial doctoral proposal. He was also an outstanding scholar of Thai economic history, which had led him to a sabbatical leave at Thammasat University during the year we were in Bangkok. The expatriate community in Bangkok is a very small world, and it does not take long for people who share a common interest or background – in this case, being at UNC – to become acquainted.

Jim and his wife Alice became friends to Barb and me, and on several occasions, Jim and I made several up-country trips. Long and short, we became good friends while in Bangkok and continued that relationship when we all returned to Chapel Hill.

Similarly, Bruce Carlson was in the UNC School of Public Health/Carolina Population Center mid-career population management program, and when we arrived in Thailand, we learned that Bruce was the USAID population officer. While Bruce was not involved with the Mahidol University USAID program, we spent many weekends with the Carlsons, touring outside of Bangkok and enjoying Thai culture and the country's gracious people.

Life was good. Weekends were free, and Bangkok was an adventure. The opportunity to live in a totally different culture was an invigorating experience and truly the trip of a lifetime. It was a year that produced many memories and provided a context and relationships that were developed further once we returned to Chapel Hill.

Reentry to Chapel Hill and the Academic Life. While in Bangkok, I was still on the faculty in the School and department, but you begin to realize that you are, as they say, "in, but not of, the institution." Upon my return, Morris Schaeffer was no longer department chair, and Sagar Jain, already on faculty in the department, had become chair. Sagar also lived in the neighborhood on Hillside Drive, and while we were never close, we were contemporaries. We shared many of the same goals for the department and particularly for the doctoral program.

The experience in Bangkok also provided entry to the activities of the CPC, particularly the USAID contract with the School and Mahidol University Faculty of Public Health. Several of their faculty members were in various UNC School of Public Health departments, primarily maternal and child health (MCH)

and health behavior and education (HBHE). Given my time in Bangkok, there was an expectation that I would work with various Thai students, and it was through this connection that I got involved with Subarn, a DrPH student in MCH. I was a member of his dissertation committee.

As I recall, Subarn was having a difficult time completing the manuscript and was at risk of returning to Mahidol University without completing the degree. He was a serious student and had worked very hard compiling all the necessary data and material, but the dissertation was in great need of editing and some structure. To return to Mahidol without the DrPH would mean a loss of stature, as he was slated to become dean of the newly created School of Social Science. Failure to obtain the DrPH then would have put that promotion at risk – and increased the likelihood that he would never complete the degree.

With minimal effort, I was able to reframe the dissertation and edit the manuscript. Subarn reviewed, printed and defended the final version, and he and his family returned home – degree in hand – ready to assume his new position at Mahidol University. He was most appreciative, and this small act of kindness formed a lifelong bond, resulting in several invitations to visit Bangkok and stay at their apartment complex in the center of the city. He and Daung came to Melissa's wedding, and in 2011, Subarn and his family hosted Barb, Joyce, Carrie and Heather on their trip to Bangkok, which was Carrie's 50th birthday present.

Opportunities also emerged with the CPC. R.K. Anderson joined the CPC as director of the International Programs Office

(IPO), which coordinated and managed all the international programs of the CPC. This involved large USAID projects in Africa, South America and various Asian countries. Dr. Anderson was a very distinguished physician who had worked for many years for the Population Council, and given the scope of those projects, he asked if I would be interested in becoming the associate director of the IPO.

As in the past, given an opportunity, the answer was “yes” – again with significant, and in many respects, unanticipated consequences. CPC provided the opportunity for significant responsibility for many of these large international collaborative projects, as well as worldwide travel. Over the next three years, I took extended trips, with stops in Iran, Pakistan, Thailand and Manila, visiting various CPC projects. I also made frequent visits to Bogota, Colombia. All this was ongoing with teaching responsibilities within the department and directing what is now the PhD program in health policy and administration.

In 1974 or 1975, Dr. Anderson developed a heart condition, and I was appointed acting director of the IPO. This was also during the time that Moye was having increasing difficulty with South Building (the UNC administration). The CPC was developing a worldwide network of collaborating institutions, eventually raising issues of institutional accountability, mission focus and violations of academic protocol in the appointment of CPC personnel. Very senior faculty members became sufficiently concerned that eventually Cecil Sheps, in his role as vice chancellor of health sciences,

terminated Moye as director of the CPC. Tom Hall, then associate director, was appointed acting director.

This was a traumatic time for the center. Moye, as founding director, had assembled a loyal cadre of colleagues committed to him personally and to the mission of the center. CPC had become a mission-centered, mission-driven organization with a worldwide network of collaborating institutions dealing with the dramatic challenges of overpopulation.

The entire episode was not handled in a particularly gracious manner and probably could and should have been managed differently. Moye mounted an aggressive protest, but eventually accepted the decision. He was relieved of his administrative responsibilities but remained a full, tenured professor in the School of Public Health and was very active within the CPC. Moye never really accepted the decision nor did he personally recover, as the CPC was such a big part of his life and very being.

As acting director of the IPO, I was the contact point regarding all the international initiatives that Moye developed, as South Building was documenting the case to justify their decision to terminate him as CPC director. These calls usually came early in the morning – the assistant's "One moment for Dr. Sheps, please" was not a pleasant experience.

Today, the Carolina Population Center is a world-class population research center and the largest research center on the UNC campus. It is built on the foundation that Moye established, and sadly, within the CPC and the larger university,

there is no recognition of Moye's role as founding director or his contribution in the field of population studies.

The CPC and the IPO were rewarding, productive and insightful. While the IPO managed many projects, one that I recall specifically included working with Rolf Lynton, a UNC professor with interest and expertise in organizational development. The project involved the Javeriana University, in Bogota, Columbia, and the implementation of a USAID-funded Interdisciplinary Program of Studies. It was an innovative program designed to implement population studies into the university curriculum.

As a Jesuit university, Javeriana provided the opportunity to observe the organizational dynamics between the Jesuits and lay administrators responsible for the operation of the project. This was a rather mystical process through which, following a day of meetings during which administrative decisions were made, said decisions were subtly modified, with no acknowledgement that fairly significant changes to what had been agreed upon were being instituted.

Obviously what happened was that the Jesuits, over dinner and sherry, discussed the issues of the day and arrived at a different conclusion. As the major actors, they would, upon reflection, rewrite the script. Using the metaphor of organizations as theater, we would say that the lay administrators had developed great skill in playing their roles and in following the new script as it unfolded.

Theater at its best. This is a process that plays out in many organizations, such as hospitals and universities, where there is a real distinction between the managerial and professional or clinical personnel who represent the core technical function of the organization.

The project itself required multiple visits to Bogota and allowed the opportunity to renew friendship with Bruce and Chris Carlson, who had left Thailand. Bruce was now a USAID program officer in Colombia. It is indeed a small world – and the situation once again demonstrated that personal relationships developed at one point in time and context so often reappear in another time and context. In this case, it was a renewed friendship that nicely contributed to advancing the mission and goals of the Javeriana project.

Barbara's House
(1975-2016)

The next 25 years exceeded all expectations and were influenced by a series of nodal events affecting family, academics and extramural activities.

Nodal Event: Finding 102. *On a late-autumn Sunday morning in 1975, Barbara was scanning the Sunday real estate section of the* Chapel Hill News *and discovered a listing at 102 Pine Lane. Barb called Olga Eyre, the real estate agent, and arranged a visit. Following the visit, Barb described the house as old, dark and kind of dingy but an excellent location. After a brief discussion, Barb arranged a second visit so that we both could visit the house on Pine Lane. For some reason, Olga had a scheduling conflict and was not able to join us. She lent Barb the keys, and the rest, as they say, is history.*

Barb, with keys in hand, led the way. We opened the door and toured the house, Barb opening all the heavy drapes as we walked into each room, all decorated with 1938 floral wallpaper, and looked at the small, outdated kitchen. Still, we quickly realized the house's potential. Within hours, Barb returned the keys and told Olga, "If we can sell the Hillside house, we'll have sufficient money for a down payment."

The asking price was $65,000, clearly beyond our price range, but two factors aligned to close the sale. The Hillside house closed quickly; Barbara and Allen Steckler, from UCLA, had just accepted a faculty appointment in health behavior and health education in the UNC School of Public Health, and needed a place to live. The other factor was that Olga Eyre, representing the Holmes family, was eager to sell the house, as it had been on the market since the death of Urban T. Holmes III some months earlier.

In November, we closed on the house and assumed occupancy, moving into 102 Pine Lane a week before Christmas 1975. For the next 40+ years, the house provided the physical and spiritual base for our family.

This is 102 Pine Lane, as it appeared in spring 2013.

During the 40 years that we lived at 102, a number of renovations occurred – building a basement apartment (a wonderful experience that consumed one summer), remodeling the kitchen, enclosing the screened porch and installing a prefab fireplace (big mistake), expanding the enclosed room, replacing the “tinker toy” prefab fireplace with a masonry fireplace, expanding the deck and adding a bay window. The expanded room with all its refinements was probably the most used and favorite room in the house.

The family home underwent many renovations, some more successful than others.

In 2006, we remodeled a major portion of the first floor to accommodate a master bedroom and bath as we began planning to “age in place.” One of the casualties of that remodeling was that the front study, with the wall of book

cases and a lovely view of the front yard, became the master bedroom. My study was redesigned and downsized, but retained a wonderful view of the woods.

The basement apartment that we designed for 102 was rented briefly, but with the passing of Aunty Blanche and the realization that Uncle Tony was not doing well in the Milwaukee nursing home, he came to live there until his death in 1990. Ed Wesolowski also came to live there after Barb's mother died in 1992, and the apartment was Ed's home until his death in 1998.

The 1975 move to 102 Pine Lane proved to be an excellent decision, although at the time it consumed all our money just for the down payment. The house provided the physical basis for our family and a focus for family activity. The management and operations of the house were under Barbara's direction, particularly the care of Carrie and Melissa, and eventually, Carrie's daughter Heather.

While Barbara was in the process of completing her UNC undergraduate degree in special education, it was becoming increasingly obvious that Carrie had major developmental disabilities. Following Barbara's graduation, she was hired by the Chapel Hill-Carrboro Schools as a special education teacher, working closely with Carrie's teachers to ensure that Carrie was receiving the best instruction available at the time.

Carrie graduated from Chapel Hill High School, and for the next 30 years, worked as a clerk/mail assistant at the UNC Ambulatory Health Center, living in the 102 apartment. Her work at the ACC provided access to various hospital colleagues, one of whom was Donald Porter. A friendly relationship

developed, and in 1992, they were married, with the support of both families.

Heather was born in 1993. Once she entered elementary school, she was diagnosed with learning disabilities, and it became quickly apparent that Carrie and Donald would not be able to care for and raise Heather. Carrie and Donald divorced in 2009, and once again, Barbara became a primary caregiver. This responsibility required a 24/7 commitment, and over the years, it provided new financial, emotional and logistical challenges and opportunities for our life at 102.

Melissa completed second grade at Glenwood Elementary School, and Barb and I felt that her learning needs would be better served at the Durham Academy (DA), a premier private school in Durham. Melissa adapted quickly at DA, making new friends, and over the next 10 years, she met the demands of a rigorous academic program, graduating with honors in 1987. She attended Kenyon College, in Gambier, Ohio, followed by Hamlin University Law School, in St. Paul, Minnesota, completing her final year at Wake Forest University Law School, in Winston-Salem, N.C.

Melissa was admitted to the North Carolina Bar in 1997 and received a Master of Public Health degree from the UNC School of Public Health in 1998. She is presently Managing Counsel at North Carolina Blue Cross and Blue Shield.

Barbara's house provided the physical and spiritual base for our family. The house became a home and a repository of memories and treasures of a lifetime of global travel. Barbara focused on the operations of an active household, managing

two daughters and a granddaughter. As described by Melissa some years later, “Mom loved her family and wanted them to experience all the things she loved, all the things that life had to offer.”

For Carrie, Barbara’s efforts focused on ensuring that the Chapel Hill school system provided the best education for students with learning disabilities. This was a challenge, given that the appropriate pedagogy was embryonic, at best, and demands far exceeded expectations in a community that prides itself on meeting the needs of “high-achieving” students. Thanks to Barbara’s efforts, Carrie moved through the grades and graduated with a diploma from Chapel Hill High School.

Melissa presented a different set of challenges. Clearly one of the so-called “high achievers,” she was an honors student at DA and was involved with many activities and friends outside the academic community. She also subscribed to what I have termed “the theory of the slight edge.” The theory was tested the night before she was scheduled to take the SAT exams required for application to any of the ranked liberal arts colleges. The initial plan was that, rather than enroll in SAT prep courses offered by Kaplan or The Princeton Review, Melissa would “self-study,” a plan she thought would be sufficient and less costly.

On the evening prior to the exam, Melissa was reviewing some of the illustrative SAT questions and realized that her “self-study” was not adequate. She began cramming three weeks of work into a single evening.

What followed was a contentious argument – with Barb saying, *You will not take the exam* and Melissa saying, *We already paid to take the test and I can deal with it*. Barbara prevailed. Melissa did not take the SAT on that round. We forfeited the $300 fee, and Melissa enrolled in The Princeton Review. Melissa scored well, applied to Kenyon College and was offered an early admission. To this day, she recalls that those were wonderful years.

Heather's living at 102 called for Barbara's continuing attention. Barb worked unrelentingly to ensure that Heather, like Carrie and Melissa, had the best education available in Chapel Hill. While Barbara, by this time, had retired from the Chapel Hill school system, she retained a close interest in the emerging special education programs. Special education had become a respected discipline, providing students with access to well-trained teachers and supportive principals and administrative personnel.

Barbara worked closely with two faculty members, in particular, to ensure Heather had access to a learning environment that met her needs and abilities – Mrs. Margaret Maternowski and Mrs. Melissa Barry. Maternowski expanded and formalized the special education program for the Chapel Hill school system, and Melissa Barry was a teacher at Carrboro High School who was instrumental in providing the necessary skills and knowledge for Heather to apply to a special four-year program at UNC-Greensboro called "Beyond Academic." After two years there, Heather transferred to Alamance Community College. These were difficult times, yet in retrospect, the process provided Heather with exposure and opportunity to

work with outstanding, well-trained and committed teachers who were dedicated to meeting the needs of a historically underserved and underfunded segment of our community.

Life moved on, and in 1997, Melissa renewed an old friendship with Myatt Crosby Williams, a former classmate and friend from her days at Durham Academy. On October 28, 2000, a spectacular autumn day, they were married at the Chapel of the Cross in Chapel Hill. The ceremony was followed by a gala dinner and dancing at the Carolina Inn. Over the next three years, we had the privilege to welcome two grandsons, Crosby and Nicolas, to the Kaluzny/Williams families. One of the unexpected benefits of the union was Barb's and my close collaboration and endearing friendship with Ann and Bob Williams, Myatt's mother and father.

Nodal Event: Melissa's marriage and family. *Melissa married Myatt Williams and had two sons – Crosby, born on his generation's 'day of infamy,' Sept. 11, 2001, and Nicolas, born January 31, 2003. Melissa leads a very full life, as a corporate attorney for BCBSNC, wife, and mother to very busy and active boys, within a supportive family and with a loving husband.*

The Academic Life
(1975-2000)

The 1975 departure of Moye Freymann as director of the Carolina Population Center (CPC) and increasing writing and research projects presented me with a choice of continuing at the CPC or returning full-time to the department. While the CPC was an interesting and exciting center within the University that offered the opportunity for continued foreign travel, the department presented a more stable option and was more aligned with my interests in the study of health care organizations. I returned to the department full-time, with a renewed commitment to contributing to the health services literature, the study of health care organizations, and the development of the PhD program.

In 1978, the department received approval for the proposed PhD in health policy and management. The newly approved PhD program was essentially the curriculum that earlier had been built into the DrPH curriculum, i.e., the analytical study of health services, management and policy; a disciplinary focus, such as organizational psychology/sociology, economics, political science, or operations research to provide a theoretical underpinning of the analysis; and appropriate courses in research methods and statistics. The program was able to recruit and support excellent doctoral students, and many worked on funded research projects in the department.

With the authorization for the PhD as the research-based training program, the DrPH continued as a practice degree

option within the department, and in 1993, the degree was authorized for the School's Public Health Leadership Program. The program returned to its original purpose to provide leadership training for mid-career public health professionals.

In 1984, after 17 years as founding director of the doctoral program, it was time to move on. Debbie Freund was appointed as director. Debbie had joined our faculty a few years earlier, with a Michigan PhD in economics and expertise and interest in health economics. The program was now well established within the department, School and university. Over the years, the program has had distinguished alumni who are located in various universities, research centers, industry, government and foundations, both here and abroad.

Nodal Event: Tenure Decision. *In early 1975, I received a favorable tenure review and was appointed a tenured associate professor. Within the academic community, tenure is a major milestone. It is recognition by one's peers, both within the department and School and within the larger academic community.*

The review involves an external committee assessing one's work. Despite the rhetoric about teaching and service, the real metrics were the number of peer-reviewed publications and the research dollars accrued to the university. Teaching and service also are considered and must be judged at least acceptable. Without a substantial research and publication

record, however, it is doubtful that even outstanding performance in teaching and service is sufficient to garner a tenure commitment. Failure to receive a favorable review suggests that one leave the university, or in some cases, accept a non-tenure or term appointment.

Godfrey Hochbaum, a UNC professor of health behavior and education, chaired the committee. As a graduate student, I had read his classic publications dealing with the implementation and evaluation of health promotion programs. However, I had not met him prior to or during my tenure review.

Some years later, I was principal investigator (PI) on a large NCI research project, in collaboration with the United Rubber Workers of America (URW). The project involved assessing the implementation of health prevention promotion programs, e.g., smoking cessation in the rubber industry (Goodyear, Goodrich, Uniroyal and Firestone). The project required a senior person with expertise in health promotion activities, and I invited Dr. Hochbaum to join the project. To my surprise, he agreed, and we developed an excellent working relationship and long-term friendship.

It was through this URW project that I came to appreciate Dr. Hochbaum, the man. He was a truly gracious person, from Austria, firmly grounded in what could be described as “old-country” values, which prioritized personal discipline, commitment and scholarship. The URW project never succeeded in the implementation of prevention programs in the participating sites. The project did, however, provide insight into the underlying and fundamental distrust between “big labor” and

industrial management. That distrust limited the ability to accommodate federally mandated health and safety regulations, let alone implement health promotion programs such as smoking cessation.

Working with Hochbaum was a pleasure and a lesson in living. The project required a lot of travel, and every time we arrived at RDU, Godfrey would go to the nearest phone to call his wife, informing her that he had arrived safely. They obviously had a very close personal relationship, which was again demonstrated some months later when both were quite ill. As members of the Hemlock Society, they jointly committed suicide in their home.

The project also reaffirmed my judgment in taking a chance on young people who, when given a chance, are able to meet and exceed expectations. The project required a project director/coordinator, and we hired Anna Schenck, a recent Master of Public Health alumna from the Department of Health Behavior and Health Education. A critical element of this position was to align the research objectives and work with and manage Lou Belisky and his colleagues from the URW. Lou was a tough, rank-and-file union organizer with a deep distrust of corporate management and the academic research enterprise. Anna was able to involve Lou, such that the project, while falling far short of its objectives, was able to avoid the usual labor/management confrontations and achieve a reasonable level of management cooperation.

Anna earned a doctorate in epidemiology and is presently director of the UNC Public Health Leadership Program (PHLP)

and associate dean of public health practice at the UNC public health school.

Bridging Research, Teaching and Service. Academics focus on three specific activities – research, teaching and service. Research in a large professional school is a major focus, with research dollars and publications providing a quantifiable metric upon which to judge academic performance. Teaching and service must be fulfilled at an acceptable level of performance and often are given lower priority in the evaluation of faculty.

Health services and health services research, by definition, is an interdisciplinary enterprise and is well served by collaboration with colleagues and a perspective that complements one's own training and perspective.

Opportunities are at the intersection. I have had the good fortune and privilege to work with colleagues who have diverse training and perspectives. Those collaborations have resulted in at least 10 books, including textbooks, and many scholarly publications focused on significant health service issues of the day. Within the academic community, publications – whether journal papers or books – are subject to rigorous peer review before a decision about publication can be made. Compromise is always required to achieve the intended objective.

One memorable review involved Jim Veney and the book manuscript, *Evaluation and Decision Making for Health Service*

Programs. The manuscript was submitted to Health Administration Press in 1984. As expected, the editor selected several anonymous reviewers to assess the manuscript and comment on its contribution to the literature, raise questions of clarification and make recommendations on content and format. Overall, the reviews were complimentary, but also included were a number of recommendations that would require significant revisions of the manuscript. I proposed several changes to align with the recommendations. Jim listened carefully but concluded that, while the comments were interesting and thoughtful, the reviewer "should write his own damn book." The book was published in its proposed form and went on to have three editions, with subsequent revisions. It is presently under publication by Beard Books and is still available.

Below are some of the nodal events during the middle years that highlight the importance of the interdisciplinary perspective and of collaboration.

The World of Academic Research. The initial 1967-1968 Health Services Research Center project with John Gentry and Jay Glasser on the implementation of innovative health care programs in hospitals and health departments aligned with the emerging interest at the NIH in program innovation and organizational change. That project resulted in invitations to participate in various NIH advisory and review panels. Two chartered study sections are particularly significant and memorable.

Nodal Event: National committee appointments. *In 1977, I was appointed to the NCI Cancer Control Prevention, Detection Diagnosis and Pretreatment Review Committee, and then in 1982, to the Health Care Technology Study Section of the National Center for Health Services Research (NCHSR). Both were four-year assignments that allowed me an opportunity to develop collegial relationships with the larger cancer and health services research community.*

The NCI study sections were dominated by oncologists, physicians of various specialties, biostatisticians and epidemiologists. The NCHSR study section primarily included economists, statisticians, epidemiologists, physicians of various specialties and operations researchers.

In both cases, my background, interests and expertise in organizational social psychology and its relevance to management practice represented a complementary, yet minority, perspective. Fortunately, both were four-year appointments which, over time, gave me a chance to learn and value the peer-review process and inform my peer-review colleagues that research, whether health services or cancer control, must have relevance to the management practice and policy community.

Study sections are composed of individuals with relevant expertise to the projects assigned to the review groups. During the period I served, they would meet two to three times a year, for two or three days, depending on the number of proposals to be reviewed. Members would be assigned either as a primary or secondary reviewer. The primary reviewer is expected to summarize and present the proposal to the study section members and respond to any question, as well as to critique the proposal with a recommendation of approval, disapproval or deferral for additional information. The second and third reviewers are expected to critique and make any further additions to the description of the proposed research not mentioned by the primary review.

The primary reviewer is the PI's agent in the review process, with the responsibility to present an accurate and unbiased description of the proposed research and be able to respond to questions and provide clarification to members of the review group. At the end of the discussion, the primary reviewer makes a recommendation to approve, disapprove or defer. The second reviewer would choose, or not, to second the recommendation. A vote is taken, and then with no further discussion, each member of the study section assigns his or her own priority score (as I recall, from 1 to 5), based on the discussion and each reviewer's personal assessment of the merits of the research. The scores are tallied by the executive secretary, and the study section moves on to the next proposal.

The group dynamics and processes within the study section are as interesting as the research being reviewed. While

science is being evaluated by the peer review process, it also involves a great deal of interpersonal dynamics among the reviewers.

The study section, like any organized activity, can be viewed and understood as theater, with various members as actors playing different roles. Given the composition of the group, you are exposed to some of the leaders and future leaders in the field, providing an opportunity to further your career and gain the respect of colleagues on a national scale – or embarrass yourself and "crash and burn" in full view of your peers. The prevailing culture is a company of equals – or "peers," as the process is rightly termed. Individuals, as they join the group, are implicitly judged by the members in their presentation and discussion of the proposal but also by their ability to respond to questions about the research from other members of the study section.

In a chartered study section, the group has staggered terms, and thus, you join a group as a member for two to four years, depending on your appointment. Ad hoc study sections are organized to review a specific set of proposals and have a set time limit, meeting for one to three days. These can be deadly, since many members have limited experience as a group and represent different disciplines and expectations. One illustrative encounter was a three-day ad hoc study section, chaired, in this case, by the dean of medicine at the University of Rochester.

The study section was composed of a group of health psychologists and health behavior social scientists, a number of

oncologists, and several health services researchers/economists, including myself. The psychologists were a fairly vocal group, not interacting with other members during the coffee breaks or evening sessions. Late in the afternoon of the second day, one woman, a radiation oncologist, lost patience with the type of questions and overall contribution of several of the behavioral scientists. In response to one of their questions, she responded, “Young man, if you have to ask such a question, you don’t deserve to sit at this table!”

The comment was a total breach in the usual decorum seen in study sections. The chair was excellent, suggesting that it was time for a break. When the study section reconvened, the oncologist did not apologize; the business of the day was concluded. The next morning, when we reconvened, there was some follow-up discussion, but no apology by either party. This was a classic example of a clash of perspectives and always makes for interesting theater.

Here’s another example of the peer review process that “goes off the rails” but definitely has theater quality. The reviewers, in their assignment to critique a proposal, are often looking for its “fatal flaw.” Over the years, one becomes proficient at providing a critical review. In fact, I would have our doctoral students participate in mock study sections in preparation for their participation in such activities during their academic career. Each proposal is presented and critiqued by the primary and secondary reviewers, and then there is a discussion/question-and-answer session involving the entire group.

This is serious business, and other members have varying degrees of interest in and perspective on the research. During the presentation and critique, one must be prepared for the following: “That’s a very interesting review critique. How would *you* do it?”or “You raise an interesting point. How would you improve the proposal?” You had better have an answer, since your credibility is on the line with the members of the study section and with the NCI executive secretary.

The executive secretary of the study section is always a PhD or MD. He or she manages the logistics of the review process, prepares the summary sheets and submits a “pink sheet” to the PI following the review. While the secretary does not participate in any of the substantive discussion of the proposal, he or she is expected to respond to any technical or procedural questions about the review of the proposed research. One’s job as primary reviewer was to ensure that the secretary had sufficient information to respond to the PI and to justify the decision by the study section, particularly if the decision was to reject or even approve the proposal with a low-priority score, meaning that a project did not receive funding.

The review process can become very tedious, and often younger members of the study section see this as an opportunity to impress their more senior colleagues. I recall one session in which one of the members, Jim Pochen, a distinguished radiologist, MBA and associate dean at Johns Hopkins Medical School, listened to an extensive discussion of a proposal. Then, as only Pochen could do, given that he was an imposing figure under any circumstances, he leaned into the table.

[Pochen]: *Is this an important problem?*

[Response]: *Yes! Very important.*

[Pochen]: *Are these good people?*

[Response]: *Yes, very good.*

[Pochen]: *Well, damn it – give them the money, and let's move on!*

Theater it was – and it was a true privilege to work and travel with excellent people and to be a part of the research enterprise. That enterprise has contributed so much to understanding and improving the delivery of health care and making available the expanding science to the population.

Participation in the peer review process was very demanding and time-consuming, but was always interesting and rewarding. The "real world," however, is one's own ongoing research agenda and its relevance and contribution to the changing science and the improvement of quality and access in a complex and changing policy environment.

The Research Agenda. Throughout the last 25 years, I was fortunate to work on a number of funded research projects. (See my curriculum vitae, page 187, for a listing of projects and publications.) One, in particular, is worthy of note.

Nodal Event: Consulting for NCI. *In 1992, the UNC Sheps Center for Health Services Research*

was awarded a contract to evaluate the NCI Community Clinical Oncology Program (CCOP). In retrospect, the project set my personal research agenda for the next 10 years and established a set of contacts within the NCI that influenced subsequent activities for the remainder of my professional career.

The core mission of the NCI is to conduct and support research, training and dissemination of health information, with respect to cancer prevention, diagnosis, treatment and continuing care of patients and their families through an array of programs, centers and various health care organizations. A part of the mission involved an emphasis on improving the access to state-of-the-art care within a community setting.

In 1982, the NCI launched the Community Hospital Oncology Program (CHOP). The program was designed to increase physician compliance with treatment guidelines for various disease sites agreed upon by clinicians in the participating communities.

As in most large initiatives of this size and scope, the NCI would (a) monitor and evaluate whether the program was meeting its objective and (b) establish an external advisory group to monitor the progress and operations of the program. As a member of the oversight committee, along with Dick Warnecke and other NCI staff, we learned midway through the CHOP project that the only physicians who complied with the developed guidelines were the chairs of the respective disease

site committees in the participating communities. When presented with these data, Jerry Yates, MD, director of the branch within the Division of Cancer Prevention and Control responsible for the program, cancelled the program within 30 days.

The termination of the CHOP initiative did not end NCI's interest in establishing a mechanism to improve clinical cancer care within the community setting. Based on the experience with guidelines, the focus shifted to making NCI-approved clinical protocols and involving community oncologists in the NCI cooperative research groups. The research question was whether community oncologists could accrue patients to NCI clinical protocols and which contributing organizational characteristics facilitated or impeded that process.

Dick Warnecke and I were involved in the design of this initiative, which established the Community Clinical Oncology Program (CCOP) and the early drafting of the evaluation RFP. At one of these meetings, I suggested to Jerry Yates, Leslie Ford and a number of other NCI staff that the evaluation, in addition to assessing the accrual rates and patterns and organizational factors, should be assessing the true cost of such a program in a community setting. I recall vividly the reaction from Jerry Yates, a person not known for his restraint on issues about which he felt strongly: "Damn it, Arnie! We have a war on cancer – we can't be worried about the cost!"

In 1981, the CCOP concept was approved by the Board of Scientific Advisory and funded, along with an evaluation of the program, without any inclusion of the cost factors. An evaluation contract was awarded to the University of Washington's

Fred Hutchinson Cancer Center. Polly Fiegel, a world-class biostatistician, was principal investigator, along with Paula Diehr and Marylyn Bergman. As with the CHOP, a committee was appointed to oversee the evaluation project. While Leslie Ford and Jerry Yates were confident that the UW group was well-suited to evaluate the ability of the CCOPs to accrue patients, it became obvious that there was limited expertise to assess the program's organizational aspects and the factors that affect accrual performance.

I was appointed to chair the CCOP oversight committee, and Leslie and I selected a group of people who had organizational expertise, including Dick Warnecke (University of Illinois-Chicago), Dick Scott (Stanford University), Dennis Gillings (UNC) and Paul Engstrom (Fox Chase Cancer Center), who could provide oversight and guidance to Polly and colleagues. This consumed a great deal of time, but within the constraints of the RFA, it was difficult to retro-design a study to examine the organization factors affecting accrual. The evaluation was completed and provided the necessary documentation that community physicians were, indeed, able to accrue patients. CCOP has been a continuing program and has compiled an impressive record of accomplishments, advancing the role of research and clinical practice of oncology in a community setting.

With the completion of that study, NCI expanded its focus to the role of community oncologists in accruing patients to cancer control and prevention trials and to determine the role of organizational factors that facilitate or impede implementation. The CCOP-I oversight committee was disbanded, and a

new evaluation RFP was drafted, focusing on the organizational factors, again with no mention of cost. I was not invited or involved with any of these developmental efforts, and after chairing the prior oversight committee and knowing what Polly and her group had experienced, was happy to be out of the loop.

The completion of the UW evaluation of the initial CCOP and disbanding of the oversight committee resulted in the NCI's developing CCOP II with a focus on implementation and the organizational factors that affect accrual of cancer control and prevention protocols.

Nodal Event: CCOP evaluation. *In spring 1988, NCI issued an RFP to evaluate CCOP II, and on a Friday afternoon in late spring, Tom Ricketts came to my Sheps Center office. He was holding the* Commerce Business Daily*, which posts newly approved federal contracts. He said, as only Tom can, "Arnie, this has your name on it."*

The RFP involved the evaluation of the CCOP-II to assess the implementation of cancer prevention and control clinical trials, with explicit reference to the study of the organizational factors that facilitate or impede that process. RFP announcements state the specific components of the requested evaluation, the timeline and general funding level. This proposal needed to be submitted within three weeks. Frankly, I was

flattered that Tom stated it “had my name on it,” but working with Leslie and the NCI was very demanding, and to be sure, there would be an oversight panel that could make life very challenging.

Long and short, I called Dick Warnecke to ask whether he and the University of Illinois at Chicago Survey Research Laboratory would be interested in a collaborative arrangement with the UNC Sheps Center as co-PI of the study. Dick agreed, but based on our experience with the initial CCOP, we needed an excellent statistician who could address any questions from the NCI-appointed statistician likely to be on the oversight committee. The best in the business was Dennis Gillings, but at the time, he was busy with his new company, Quintiles.

Dennis had been on the previous CCOP oversight committee. He was familiar with the oversight process and the NCI program of clinical trials in a community setting. Following a short conversation, Dennis agreed to be the consulting statistician, and as such, would set up the overall statistical analysis (but not be involved with the day-to-day conduct of the research) and would attend the oversight committee meetings on an “as-needed” basis. Dennis kept his word on both counts, and on several occasions, flew back from London on the Concorde to attend the CCOP oversight meetings. His presence and statistical advice were invaluable and truly appreciated.

We drafted a proposal, submitted through the Sheps Center, with a subcontract to Dick Warnecke at UI-Chicago and Quintiles. I suspect there were other proposals, but as part of the review process, we were called to D.C. for what is known as

“best and final.” Dick, Tom and I went to NCI for the day. As it turned out, it was at the time that we had our annual family outing at Sunset Beach (Barb was not happy about that part), but given all the work in preparing the proposal and all the people involved, this was a mandatory meeting. Tom was correct – the RFP “had my name on it.” The contract was awarded, and as they say, “the rest is history.”

The project was housed and managed at the Sheps Center, on Manning Drive in Chapel Hill, but my academic office was in temporary department space on Airport Road, since the School of Public Health was undergoing construction of the new McGavran-Greenberg addition. It was a terrible location, with no blinds on the window facing east, so between the morning sun blazing in and a nonfunctional air conditioning system, the office registered more than 100 degrees in July and August. The university was completely unresponsive to any requests to improve the working conditions.

That fall, as we launched the CCOP, luck was on our side. Doug Conrad from UW called and asked if I would like to spend six months in Seattle as a visiting professor. Without giving this much thought, since I was so frustrated with UNC, I said yes. As I recall, I did not even consult with Barbara, but fortunately, she agreed this was a great idea. We left in early January 1989, driving cross-country in the Honda Prelude, packed for a six-month stay in a rented house. Melissa was at Kenyon, Carrie agreed to live in the 102 apartment, and we rented the house.

As the PI for the evaluation, I managed the first six months of the project from Seattle, with able assistance from Tom

Ricketts in Chapel Hill. UW provided a small campus office and a telephone. The phone provided a link to NCI, UNC and Chicago during this early stage of the project, which involved extensive conversation with Leslie Ford at NCI, Dick Warnecke in Chicago and Tom Ricketts in Chapel Hill.

Ed Perron, chair of the UW Department of Health Services, had agreed to pay for all my expenses while in Seattle. After the first month, Ed, a soft-spoken, gracious man, a world-class statistician who, for many years, was director of the National Center for Health Statistics prior to joining the UW School of Public Health, came into my office, holding a telephone bill:

[Ed]: *Arnie, I know we agreed to pay all your expenses here at the university, but don't you think a $2,000+ monthly telephone bill is excessive?*

[Me]: *Ed, that is all being billed to UNC and the CCOP project!*

Ed was relieved! I should have alerted him about this earlier!

Throughout the project, the Sheps Center and its business office provided excellent support. Managing a federal contract of this size, scope and complexity, with subcontracts to Chicago and Quintiles, is a difficult task. There was significant pressure to run the project through the School of Public Health, given the amount of overhead involved. In retrospect, working through Sheps was the right decision. The Center had a great deal of experience in contract research management and was totally dedicated to research and support of research personnel. The

School, on the other hand, had a broader set of responsibilities, primarily to support its teaching and instructional commitments.

The project was launched. We returned to Chapel Hill in July 1989 to work on the CCOP evaluation, meeting many times with an oversight committee that I selected, in consultation with Leslie. Jay Goldman, in operations research at UAB, was the chair. Other committee members included Dick Scott, (Sociology/Stanford), Jerry Hage (Sociology/Maryland), Paul Engstrom (Oncology/Fox Chase Cancer Center) and Colin Begg (Memorial Sloan Kettering). These were all people I had known and worked with in the past. Their function was to monitor the project and suggest possible improvements in the design and operation.

By virtue of doing their jobs, they occasionally made my job very difficult. It was a challenge to negotiate between their recommendations (to improve the design or consider various analyses) and the realities of the budget and the bigger-picture issues related to the major foci of the evaluation and the CCOP project as a whole. The project required several presentations to the Board of Scientific Counselors (BSC) and the National Cancer Advisory Board (NCAB), as there was a great deal of interest in the ability of community oncologists to participate in the NCI cancer prevention and control research agenda.

Presentations to the BSC and NCAB are major events and are very formal, held in the large conference rooms on the top floor of Wing C, Bldg. 31 on the NIH campus. One prepares by thinking about possible questions that follow the formal

presentation. These are usually handled easily and provide an opportunity to emphasize points or elaborate upon material not presented in the formal remarks. One also needs to be prepared for the unexpected.

Nodal Event. *At the final NCAB presentation on the CCOP, Dr. Broder, the NCI director, asked whether the NCI should allow non-U.S. oncologists to participate in NCI trials. This was totally unexpected, since Canadians and other oncologists for many years participated in NCI clinical trials through the various NCI research groups. To my knowledge, this had never been an issue. My response was, "Yes, I see no reason not to."*

As it turned out, the basis for Dr. Broder's question was that he had just learned that a Canadian oncologist had violated protocol on the landmark NSABP breast cancer study published in the prestigious *New England Journal of Medicine.* This potentially would invalidate the findings that had supported the NCI position in the use of chemotherapy vs. surgery to treat breast cancer. The PI on the study was Dr. Bernie Fisher, chair of NSABP and a renowned surgeon at the University of Pitts-burgh. The NCI had embargoed all of the NSABP publications and sealed off the biostatistics department at the University of Pittsburgh, which was the NSABP statistical center. All this resulted in an extensive fraud investigation and various lawsuits.

In the end, the study in question was validated. While there were some protocol violations, the original findings and treatment recommendations were confirmed. Unfortunately a lot of good and well-respected people, mainly from the University of Pittsburgh, were unnecessarily hurt in the process. NSABP was a legendary cooperative research group involving many community and university clinicians, and for years, had made major contributions to the NCI research agenda. If there is a lesson, it is that within NIH circles, one is always at risk. A good share of this is theater, but within the scientific community, "people are shooting with real bullets" – or as has often been noted, "When you swim with the sharks, you'd better not bleed."

Teaching Activities. Most people, when they think of the academic life, focus on the role of teaching. In a large research university, and specifically in its professional schools and graduate programs, the teaching and research activities are very interactive. In fact, many faculty members, myself included, are able to "buy out," depending on the amount of externally funded research they have, thereby teaching one or two courses rather than a "normal" teaching load (usually defined as three or four courses per semester).

Nodal Event: Research funding and teaching. *Throughout my UNC career, my portfolio of research grants and contracts provided*

sufficient funding for me to limit my classroom commitments.

No matter the funding, though, I usually taught one course in the fall and one in the spring – a Master of Health Administration core course on the organization design and behavior of health care organizations and a doctoral course in organizational theory and health services research.

These two courses were always linked to ongoing research projects, along with an endless supply of illustrative material drawn from having observed organizations and groups in operation.

In addition to UNC courses throughout the 1980s and ’90s, I had the opportunity, in collaboration with Bill Pierskalla (associate dean at the University of Pennsylvania’s Wharton School, and later, dean of Anderson School of Business at UCLA), to develop an executive health care management curriculum for Project HOPE for Central Europe, the Baltic countries and China. Project HOPE, with headquarters in Millwood, Va., is a nongovernmental organization (NGO) that provides health and medical services on a global scale, with an emergent interest in management training.

Over a 10-year period, the management program provided training for mid-career physicians and other health professionals in China and central European countries including

Poland, the Czech Republic, Hungary, Estonia, Latvia and Lithuania. Several participants eventually held significant management and health policy positions, including the Minister of Health in the Czech Republic and Hungary and a directorship in the European Union and major hospitals in China and Europe.

The Project HOPE program was based on four components – the roles of management, human resources, operations management and finance. My component was the first segment, and it was a real privilege to launch the curriculum and set the agenda and learning objectives for the overall program. One of the unique and important parts of the program was that each component had an in-country co-instructor who was an alumnus of the program and a respected in-country executive. Below is a photo of the Czech Republic teaching faculty and Project HOPE administrative personnel responsible for the Project HOPE Health Management Training Program (circa 1995-1996).

I am on the front row, second from the right.

Teaching was personally rewarding on several levels. At the executive level, particularly in central Europe, the concept of management was a positive force with approaches to improve the operations and quality of care provided as the delivery emerged from many years of communist control. It had been a system of poorly maintained facilities, infrastructure and technologies, paired with poor organization and management practices, inadequate to support good clinical care. The students were dealing with real issues and were very receptive to management concepts and approaches to improve operations.

At UNC, the MHA program provided an opportunity, particularly for the younger students, to provide a perspective and their unique contributions and responsibilities to the provision of health services. Unfortunately, as health care was increasingly defined as an economic good and commercial enterprise, the entire focus of management was on cost containment and other money-oriented considerations. It was increasingly difficult to relate to the students and present a case that was relevant to what they saw as their management role.

The most rewarding teaching was with our doctoral students, particularly those interested in the design and process of organizations as that affects organizational performance, broadly defined. In this setting, teaching is sort of a “cloning process,” in which the teacher shares research/ideas in a collaborative process. This was best illustrated in the CCOP evaluation, in which the entire project was staffed by our doctoral students -- Martha McKinney, Denise Hynes, Jan Barnsley and Carrie Klabunde. They made major presentations

to the NCI oversight committee, published papers and did an outstanding job on all counts. The group included many of our most productive and successful PhD graduates.

Service Activities. Throughout this period, faculty members are expected to perform various administrative functions in addition to research and teaching roles. These service functions include both extramural assignments, as well as ones that directly affect the operations of the School and/or the larger university. Two service activities are particularly memorable.

- ***<u>Extramural</u>: NCI/DCPC Board of Scientific Counselors (BSC).*** Each NCI division has an advisory board that reviews the research concepts developed by the division and determines whether these concepts eventually are transformed into requests for proposals (RFPs) or requests for application (RFAs) for funding of all extramural research initiatives. Concepts have an extensive review within the NCI before being presented to the board, including internal review within DCCP and then by the NCI executive committee, which is made up of the NCI director (Dr. Sam Broder, at the time) and all the NCI division directors and associate directors.

  The NCI personnel presenting the concept have numerous rehearsals, and while these are well-formulated, approval by the BSC is not a *pro forma*

process. Over the time that I served, many of these concepts resulted in very lengthy discussions, and several were returned to the DCPC, revised and resubmitted to the NCI executive committee.

The BSC is composed of senior members of the extramural research community, representing different areas of research relevant to the division.

Nodal Event: Appointment to the DCPC BSC. *In 1991, I was surprised to be appointed to the DCPC BSC for a four-year term. The members usually are clinicians or basic scientists/ statisticians/epidemiologists, and to my knowledge, I was the first to represent the health services research community. I suspect our work on the CCOP, along with the many years on the various cancer control and prevention review panels, provided the basis for this appointment.*

In 1995, after being a BSC member for two years, I was appointed chair. This was a major transition from being a voting member, in which you listened to the presentation, made comments from your perspective and registered your vote, to managing the review and decision process. These are open meetings except when the BSC goes into executive session, and thus, the deliberations are

videocast and recorded. Members of the press and media usually attend, e.g., reporters for the Cancer Letter*. Clearly, this was a transition for me. There is no place to hide, since all the action centers on the chair and how he or she manages the ebb and flow of the discussion.*

The BSC meets in a large conference room (one of several on the top floor) of Wing C of Bldg 31 on the NIH campus. The room has a large oval table with a microphone at each place to record comments and discussion. The BSC chair sits in the middle with Peter Greenwald, director of the Division of Cancer Prevention and Control, to his immediate right, and Linda Bremerman, the executive secretary, to his left. The 15-20 members of the group are distributed around the table, and surrounding the table are two rows of tiered seating for individuals observing the open session or people waiting to present.

Peter was usually silent during the presentations and very comfortable to let the discussion unfold, letting the presenter handle any questions. Linda, a long-time employee of the NIH and part of the NCI executive staff, knew all the rules and necessary protocol and provided guidance as I managed the proceedings. Over the years, Linda and I became close colleagues and would reflect on these two years and on some of the incidents and characters that made this a truly memorable experience.

Being part of the BSC was interesting, beginning with the very first session that I chaired. In 1995, an ongoing NCI analysis questioned the well-accepted premise for yearly mammograms for post-menopausal women. The issue was brought to the attention of the National Cancer Advisory Board (NCAB), and shortly before my first meeting as BSC chair, the NCAB recommended that this be considered by the DCPC/BSC. Obviously, I was a bit anxious as I approached this first meeting as chair in the Building 31 conference room. Chairing under normal conditions would have been a challenge, but the change in venue presented a whole new set of concerns.

On the morning of the meeting, Ed Sondik, associate director of the DCPC, met me at the hotel. “Arnie, we have a slight change in plans,” he said.

Ed explained the situation. Since there was a great deal of interest in the topic and our recommend-ations, the meeting would be covered live by ABC, NBC, CBS and CNN. The Building 31/Wing C confer-ence room was not large enough to accommodate the camera crews, and the meeting had to be moved to the Natcher Auditorium, a large conference center on the NIH campus.

Plans had been made for the BSC to hear testimony from various advocacy groups, e.g., the American Radiology Association, the American Cancer Society

(ACS), the American Society of Clinical Oncology (ASCO), and various patient advocacy groups. Representatives of the various groups would join me on the stage, seated at an adjacent table. BSC members would be sitting in the first two rows in the audience. A bank of cameras and crew would be located midway up the auditorium, televising the proceedings during the day.

Each advocacy group had 15 minutes to present, followed by questions and discussion between BSA members and the presenter. My job was to keep this on track substantively and timewise. The session went on until about 2 p.m., when the camera crews, except for CNN, packed up and got ready for the 5 o'clock news. CNN switched to a mobile camera and accompanied the board as we returned to Building 31 and our assigned conference room. In comparison to Natcher, with only the print press and CNN, the room looked cozy and comfortable, providing an opportunity for discussion without the glare of the TV cameras and lights.

The committee discussed the issues, and while there were some opposing votes, the general consensus was that the evidence supported the recommendation that annual mammograms were not necessary for all postmenopausal women and suggested biannual screening. [The controversy continued with a subsequent review by a NIH Consensus Development Conference, and again 10 years later, finally

emerged with a definitive statement by the U.S. Preventive Task Force (USPTF) that essentially supported the 1995 BSC recommendation with some further refinements.] The recommendations are updated on a yearly basis.

It was a very long day. When the meeting concluded around 6 p.m., I was dead tired, but as I turned around from the table, there was Gina Kolata from *The New York Times,* with her tape recorder: "May I have a few words with you on background?"

After the first day as chair of the BSC, such that it was, the remaining two years were, as they say, "a piece of cake." I had established my credibility as chair, and while we dealt with many other issues, perhaps none as controversial as this, I had earned the respect of the board.

- ***<u>Intramural Service</u>: UNC School of Public Health Strategic Planning Initiative*.** The UNC School of Public Health is composed of historically well-defined autonmous departments. The School had engaged in prior planning efforts, but in the mid-1980s, declines in state funding and questions of structure and function (and whether the state really needed an independent School) required serious study.

Nodal Event: A Request from the Dean. *In 1987, Dean Michel Ibrahim and Ernie Schoenfeld, the associate dean, asked that I chair a Schoolwide strategic planning committee. The committee was made up of full professors and tasked to think about the structure of the school, such that, as they say, "the whole will be greater than the sum of the parts."*

Michel and Ernie indicated that a major challenge was that the departments functioned as discrete entities. There was some concern that, with decreasing state funding, administrators easily could reallocate the School of Public Health's departments to other schools – Health Administration (HADM) to the Business School and Health Behavior and Health Education (HBHE) to the School of Education; Epidemiology (EPID), Biostatistics (BIOS) Nutrition (NUT) and/or Maternal and Child Health (MCH) to the School of Medicine; Environmental Sciences and Engineering (ENV) to N.C. State University's School of Engineering.

Public Health had no integrating core for the School as a whole. To address this challenge, the School needed a strategic planning committee to think about the School rather than individual departments.

How could the School function, such that there was integration among the departments and such that the concept of public health and public health practice would transcend the individual departments and provide an overarching structure for the School as a whole?

Michel and Ernie were very clear that the dean's cabinet members, by definition, were advocates for their respective departments and their respective research programs and could not think strategically about the School as a whole. What was needed was a School perspective that could build on the various disciplinary perspectives important to meeting the goals of public health, involving both research and practice central to the School's mission. To my surprise, they asked if I would chair the strategic planning committee. I have known Michel and Ernie for many years; they are deeply committed people, and while what they proposed was a difficult challenge, it was a worthy effort.

I accepted the challenge and devoted a fair amount of time working with the committee to formulate various options to achieve a more integrative structure with a focus on increasing the visibility of public health within the School and its link to practice.

With Ernie's help, we assembled a committee of tenured full professors representing the quantitative

sciences, social and policy sciences, and physical sciences – and set to work. We were very explicit that, while each had academic appointments in the respective departments, the task was to focus on the *School* from their disciplinary perspectives, reviewing various structure options for the School. Many of these people, despite having been on the faculty for many years, had not met prior to being on this committee.

The first order of business for any newly formed group is *staging* the group – a well-known social science concept in which a newly formed group goes through various phases – orientation, accommodation, negotiation, operation and finally dissolution – before they actually substantively begin the task at hand. Various meetings were held, and through that process, biases were identified, and rules of engagement/operation established, such that the substantive work could be accomplished in an efficient manner.

Two structural options were considered, including (a) merging departments or organizing departments into two or three divisions, e.g., Health Services (to include Health Administration, Maternal and Child Health, and Health Behavior and Health Education), Quantitative Sciences (to include Epidemiology and Biostatistics), and Physical Sciences (Environmental Sciences and Engineering); and (b) creating a matrix organization, e.g., leaving the departments each

with their disciplinary focus but creating what is known in business as “product lines,” such as global health and public health leadership, which require the interdisciplinary expertise available in the various departments.

As was true for previous Schoolwide strategic planning efforts, none of the options were implemented as presented. The School did implement a modified matrix structure to provide greater emphasis on public health practice, cutting across the various departments as an integrative mechanism. Selected departmental faculty with an interest in practice would have a joint appointment in their respective departments and in the newly created Public Health Leadership Program.

Departments that had a DrPH program provided the vehicle through which mid-career students from operating organizations would enroll in one of the existing departments, with leadership courses taken in the PHLP. Mid-career students would spend one year in residence and return to their operating agency to complete a dissertation on some operational problem. [This arrangement subsequently was modified several times when Bill Roper was appointed dean, such that the academic portion remained in the School, and the technical assistance component (applied research) was allocated to the School’s N.C. Institute for Public Health.]

The committee remained intact, completed its work, and in 1991, recommended that the School establish the Interdisciplinary Program in Public Health. This was a compromise recommendation to some of the more structural realignments that had been proposed, but nevertheless, it provided a focus on public health practice within the School. Faculty members from various departments were given joint appointments in the new program while maintaining their more functional appointments within the existing departmental structure.

Rachel Stevens was appointed director of the Inter-disciplinary Program, and in 1993, Ernie asked if I would consider serving as director of the DrPH leadership program, located as part of the Inter-disciplinary Program. This was an existing DrPH that would have mid-career public health professionals spend a year on campus and return to their positions to complete a problem-based dissertation.

Originally, I had no interest in the program. I did not teach in the program and historically was committed to "real, substantive research," much of which I had been doing through the HADM PhD program.

Nodal Event: Directing the DrPH leadership program. *Based on my experience with the School's strategic planning committee and the needs within the larger public health*

community, I agreed to be the director the DrPH Leadership Program.

To fulfill the expectation that the DrPH needed to be and could be an integrating mechanism within the School, it was necessary to have participation of all the departments that had a DrPH designation. This was to be a practice-oriented degree, not a second-rate PhD degree. Within that spirit, I visited all the departments and made presentations at their respective faculty meetings – describing the program, the rationale for both its function and contribution to the School. One of my lasting impressions was the difference in culture and tone of the departments; it felt like visiting different planets.

In the end, all departments with a DrPH agreed to participate, and at least one student from each department registered and completed the program, although the largest number matriculated through HADM.

In 1997, the practice component of the Interdisciplinary Leadership Program was moved to a newly created UNC Institute for Public Health Practice. Rachel was appointed institute director, and I was appointed director of the newly constituted PHLP, responsible for several academic degrees and certificate programs, including the joint MD/MPH program in collaboration with the UNC and Duke medical schools.

Dr. Bill Sollecito, a biostatistician and alumnus of the UNC Department of Biostatistics, joined the faculty as associate director of the DrPH program following a distinguished career as a vice president at Quintiles. Upon my retirement in 2000, he

was named director of the program. Our joint plan was to convert the DrPH leadership program into an executive format in collaboration with the Department of Health Policy and Management. Unfortunately, the collaborative relationship never materialized. The DrPH leadership program is now in an executive format within the Department of Health Policy and Management.

Consulting. The various research and teaching activities resulted in many opportunities for extramural income and work outside UNC. Teaching invitations included:

- Project HOPE executive management training programs in Central Europe and China (described on pages 123-124);
- University of Washington Robert Wood Johnson Scholars Program;
- A Visiting Professor assignment in Adelaide, Australia, and New Zealand; and
- The Fulbright Senior Fellowship Program, in Rio de Janeiro, Brazil.

Each of these and many others provided opportunities away from Chapel Hill. Barb traveled with me on some of the assignments, but most required long stays and long absences from family. That was both good and bad. Perhaps within this context, I developed the distinction between being a “tourist” and being a “traveler.” I clearly fall into the latter category. I traveled well and enjoyed the solitude travel provides, although

in the end, it was always good to return home. It is always the best part of the trip.

International Assignments. In addition to the Project HOPE teaching opportunities, the middle years provided many opportunities for various international activities. Many of these were generated as a result of being involved with various NIH/NCI projects in Washington. A network of colleagues and contacts developed, and as people at World Bank, WHO or USAID, for instance, became aware that I had published research or presented in national forums on a particular topic, invitations were proffered.

My general rule is “never say no.” “No” is a nonstarter, as that word ends the conversation before there is a full appreciation of what is involved. Because I answered “yes,” various assignments came my way, including at:

- The World Bank in Thailand;
- The State Department and the Senior Fulbright Program in Brazil;
- The World Hospital Federation, as a keynote speaker in Seoul, South Korea; and
- With USAID, working on the UCLA/DANFA project in Accra, Ghana.

Each of these provided great insights into different cultures and the opportunity to share ideas and friendship within the larger global community.

Consulting, per se, was never a major activity during these middle years. Most consulting activities were an extension of my academic teaching and research, except they were conducted in a different location. Following retirement from the university, consulting became a full-time activity, mainly with the National Cancer Institute.

MOVING ON
(2000-2015)

Many colleagues approaching retirement have a “bucket list” of things they would like to do when their careers wind down. While I am sensitive to the theater metaphor of “leaving the stage while the audience is still applauding,” interesting opportunities involving the NCI continued. These appeared more appealing and a more productive use of time than did any hobbies, travel or other interests.

Building on the many years of affiliation with the NCI, it was not a surprise to receive a call from Drs. Greenwald and Ford with a request that I advise about some restructuring at NCI. The Division of Cancer Prevention and Control (DCPC) was being reorganized into two separate divisions – the Division of Cancer Control and Population Sciences (DCCPS) and the Division of Cancer Prevention (DCP). Drs. Greenwald and Ford wondered if I could work with DCP and organize a review process to assess the performance of several ongoing programs within the new division. A statement of work was drafted, and a contract was awarded.

Concurrent with this opportunity, and independent of work at the DCP, Dr. John Niederhuber, the newly appointed NCI director, launched the NCI Community Cancer Centers Program (NCCCP), which was to provide the basis for continued NCI involvement well into 2014. Both activities were a significant departure from the academic life, and while different, they continued to be interesting and challenging,

allowing me to contribute to the larger cancer research and care community.

Life within the NCI Division of Cancer Prevention (DCP). The newly constituted DCP was to conduct and support research to determine a person's risk of developing cancer and to find ways to reduce that risk. Through laboratory, clinical and epidemiologic research, the division would sponsor research to generate new information about molecular processes that are vulnerable to interventions, e.g., developing effective chemoprevention agents, discovering early detection bio-markers pinpointing mechanistically targeted nutrients, testing new screening methods and technologies, and conducting Phase I, II, and III clinical trials in prevention and control through national networks and at the community level.

Nodal Event: Leadership roles at NCI. *Peter and Leslie were concerned that the structure of the newly created division was not sufficient to provide the integration of the various compo-nents. I met with Peter, who outlined his thinking on restructuring the division to operate as a matrix organization, with the division having research groups that would build on already-existing functional expertise, including nutrition, pharmacology, biometrics, etc. There also would be the creation of various research groups focused on "product lines" that*

would be organ-specific, e.g., prostate, breast, gastrointestinal (GI), etc., corresponding to the major cancer disease sites – breast, GI, prostate, lung.

A statement of work was drafted, and with that, a contract to spend time in the division and consult on the implementation and operation of the new matrix structure. Being a contractor was a new role for me, one that required specific deliverables but one that also provided new insight into the operations of the NCI and gave me status as a quasi-member of the division.

Based on my previous work, both as a PI and member and chair of the BSC, Peter and Leslie felt I had a substantive understanding of the division, and was trusted by DCP personnel within the division to be an "honest broker" as the matrix structure was implemented. I recall one conversation with Jackie Havens, director of the division's Administrative Resource Center (ARC), who managed all the division's contracts and grants. I indicated that I felt like I was the DCP's "organizational psychiatrist." Jackie laughed, and said "No! You are the priest."

The assignment resulted in several reports and a case study of the implementation process. Several "all hands" meetings were held, recommendations were made, and then – *nothing happened.* While the division continues to have organ site research groups and function research groups, the matrix format structure was never implemented as intended and was abandoned.

In retrospect, this was the result of a number of contributing factors, including failure of follow-up. Perhaps, more importantly, there was a failure to invest in management training for the directors involved with the newly constituted research groups. The DCP is staffed with a core of excellent clinicians and research scientists, many or most of whom have limited understanding of organizational structure and process. They may see process as intuitive, having little patience or appreciation for the fact that effective management could contribute to the overall performance of the DCP.

Reviewing DCP Programs. While the DCP redesign failed, external events within the larger NCI presented an opportunity to evaluate and improve operations. In 1998, the NCI executive committee, composed of division directors and key personnel from the NCI director's office, mandated that all funding requests must have an external evaluation prior to submission to the BSC and NCAB.

To meet the requirement, Dr. Greenwald asked that I work with the division and set up various ad hoc review panels, composed of extramural researchers, to review the various program activities of the DCP research groups. My role was *ex officio* to the panel. I managed the process, and in consultation and collaboration with the appointed chairperson, prepared the final report. The report, submitted to Dr. Greenwald, was part of the submission package that accompanied the funding request reviewed by the NCI executive committee and the BSC.

I had known many of the members of the panel from previous NCI activities, and this gave me the chance to meet and again work with members of the larger cancer research community. Setting up and managing the panel and being involved with the drafting of the reports provided an opportunity to emphasize the changing character of the health care system and the need for DCP programs to be relevant to the emerging structural characteristics of the delivery system.

The DCP and its various extramural programs needed to consider the issues of quality improvement, cost, comparative effectiveness of various interventions, issues of care coordination, the expanding role of primary care, and the organizational factors that facilitate or impede program implementation and the quality of care being provided. Unfortunately, many within the NCI viewed this as a diversion from the NCI core research mission of basic and clinical research, or as one BSC member described it, “mission creep.”

Essentially, these are the issues of health services research applied to cancer care. Over the years, through the support of people like Drs. Greenwald and Ford and with the early studies of the CCOP, these issues have been gaining currency within the NCI.

The appointment of Dr. John Niederhuber in 2006 and the launch of the National Community Cancer Centers Program (NCCCP) gave more visibility to the importance both of organizational design and the redesign of the delivery system. The aim was to better accommodate the changing science and to further the NCI’s research agenda within a community setting.

Nodal Event: A call from Donna O'Brien. *I received a call from Donna O'Brien, an adviser to Dr. Niederhuber, who in her review of other clinical community-based programs, recalled the CCOP initiative and was interested in its relationship to the emerging National Community Cancer Centers Program (NCCCP). I had known Donna as an ACHSA fellow, and she was aware that I was a member of the CCOP oversight committee. At the time, I was chair of the accreditation commission, and Donna, a recent MHA graduate from St. Louis University, was an assistant administrator at the MD Anderson Center in Houston, one of the premier cancer centers in the world.*

We had a short conversation during which Donna briefly described the proposed NCCCP and asked my opinion. I said that, instead of a new program, why not just incorporate this within the DCP/CCOP initiative? This program had been established for 30 years – a real success story – and the NCCCP, with its focus on system redesign, would provide an opportunity to expand their mission and align with the changing health care system.

Donna hedged a bit and suggested that I might need to meet with Dr. Niederhuber. I said OK, thinking that would be the end of the conversation.

Nodal Event: Meeting with Dr. Niederhuber*. Two days later, Donna called. A meeting with Dr. Niederhuber was scheduled in his conference room in Building 31 on the 11th floor. The meeting was joined by Donna, Dr. Maureen Johnson and several others in the director's office.*

Dr. Niederhuber described the program as a public-private partnership, laid out its rationale and explained the need to redesign how cancer care is provided in a community setting, given the changing science and emphasis on genomics. I presented my thoughts as to how and why all this could easily be part of an expanded CCOP. It became obvious that "the train had left the station," and the NCCCP as a separate program was a *fait accompli.*

Neiderhuber asked about the CCOP evaluation. I briefly described what we had done with the CCOP and added, perhaps more importantly, what we *should* have done: (a) require that the program involve executive management of the collaborating hospitals; and (b) require that the evaluation include a detailed cost assessment. This would include not only NCI funds, but also the actual cost of participating in the program and how these costs were being handled by the participating sites.

Dr. Niederhuber listened carefully. He allocated $5 million for the project and asked if I would be the senior adviser to the NCCCP evaluation. The Research Triangle Institute (RTI) was

awarded the evaluation contract, which included specific efforts to involve executive hospital management from participating hospitals and a detailed evaluation of the true cost of the program, including the required co-investment of hospital funds. The NCCCP was implemented, but as expected, was not well-received by the DCP or by the larger cancer care community. The question most often asked was, "How is this different from the CCOP?"

The reality is that, except for the clinical trials component, the NCCCP was quite different from the CCOP and represented a fundamental redesign of cancer care in a community setting. The program involved interventions across the cancer care continuum that were focused on multidisciplinary and interdisciplinary care, addressing disparities within the community, expanding the technology, biospecimen and research infrastructure of the community hospital, and facilitating development of NCI collaborative research beyond clinical trials.

In 2015, the NCCCP and CCOP theoretically were merged, combining the key features of CCOP (e.g., participation of community oncologists in clinical trials) and of NCCCP (e.g., the system redesign of participating hospitals, and particularly, the inclusion of cancer care delivery research, or CCDR). This is a significant accomplishment, as it formalized that NCI was committed to clinical research within a community setting and to the study and improvement of cancer care delivery processes across the cancer care delivery continuum.

As the program unfolded, it became increasingly apparent that the drastic cuts in NIH/NCI funding would hamper the full

implementation of the NCORP, particularly the CCDR component. By definition, an organization under stress will defend its core functions, and while CCDR is an important and innovative component, clinical trials are at the core of NCORP and of the NCI.

The development of a public-private partnership to redesign cancer care within a community setting represented a major organizational transformation worthy of case study beyond the formal evaluation Donna and I were documenting. The various stages of the implementation process and the factors that facilitated or impeded that process began to emerge as a potential book.

Nodal Event: Book prospectus. *With the management case study in hand, Donna and I drafted a book prospectus to detail the experience of community hospitals to manage public-private partnerships and describe the contributing factors within a complex and changing health care system*.

A book prospectus was prepared and sent to several publishers for consideration. NCCCP was a high-profile project, so we had a hierarchy of possible publishers, including the most prestigious, e.g., Oxford University Press, Cambridge University Press, and some less prestigious but more specialized publishers, including Health Administration Press, Jossey Bass, Jones and Bartell, and UNC Press. Several responded quickly

that “this was of interest, but not in their priority area.” Others said “thanks, but no thanks,” and several didn’t respond.

Chad Zimmerman, senior editor for medicine and public health at Oxford University Press, accepted the prospectus, and in 2015, Oxford University Press published it as *Managing Disruptive Change in Healthcare: Lessons from a Public-Private Partnership to Advance Cancer Care and Research.*

The End Game
(2016 -2020)

Life changes fast.
Life changes in an instant.
Life as you know it ends.

– Joan Didion

On December 22, 2016, life as I knew it ended, with the death of Barbara. Ours was a relationship that began in 1957 and included a 58-year marriage. She was wife, lover, friend, partner, mother, confidant and so much more.

Beginning in spring 2016, we noted behavioral changes and thought it was a slow cognitive decline, perhaps early dementia. In retrospect, it was a form of denial, and Barbara was reluctant to make an appointment with Dr. Liz Gregg, our primary care physician. Dr. Gregg was a young physician who succeeded Dr. James Bryan, who had been our physician since we arrived in Chapel Hill in 1967.

We arranged an appointment with Dr. Gregg the week after Thanksgiving. These were always very cordial meetings, usually routine, but in this case, the initial cognitive screening test revealed significant cognitive decline. The year prior, Barbara had completed that test with no difficulty. The tenor of the meeting dramatically changed, and Dr. Gregg set up an appointment with Dr. Felix, a neurologist. Within days, a cranial MRI was scheduled.

We arrived at the appointed time, with the usual expectation that the radiologist's report would be sent to Dr. Felix, and we would hear results in a follow-up office visit. When the scan was completed, I left to get the car to pick up Barb at the main entrance of the hospital. But midway to the parking lot, I received a call from the radiologist that I needed to return, as he wanted to review the scan with Barb and me. He already had talked with Dr. Felix, and they had arranged for admission to inpatient neurosurgery and scheduled a biopsy for the coming Monday. It was a short conversation, but he described that the scan revealed a mass in the center of the brain and would require a biopsy that would determine subsequent intervention.

The following evening, we were reviewing the array of Barb's prescriptions, as these would be part of the inpatient information workup. It was a difficult conversation. Barbara became confused and impatient as we stood at the counter in the master bathroom, and suddenly she collapsed to the floor. Joyce, Barbara's younger sister, who had been visiting for the Thanksgiving holiday, was in the family room. I yelled that I needed help, and Joyce called 911. EMS arrived within a few minutes, and by that time, Barbara was sitting on the floor. EMS checked her basic functions and tentatively diagnosed dehydration, recommending that she go to the UNC emergency room via ambulance. She refused, but agreed to go if I drove her. The EMS called ahead and followed me with their bright lights since I had difficulty driving at night.

We arrived at the ER, and since this was an ambulance admission, a full complement of ER personnel was waiting for

our arrival. We were immediately taken to one of the large treatment rooms, a fully staffed area with access to Barbara's medical records, including the MRI results, various monitors, etc. Since the medical record already designated the cranial biopsy for Monday, it was an extensive workup. Later that night, Barbara was transferred to the inpatient neurosurgery service. I was advised to go home.

Barbara was sedated and remained in the ER most of the night as they waited for lab results. I returned to the hospital at 6:30 that morning to be available to talk with the night nurses and meet with the physicians on surgical rounds. I also made a number of other phone calls, including to Melissa, Dick, Bob and Ann, as well as my friend Ernie Schoenfeld, making him aware that Barbara was admitted to the hospital for a suspect central nervous system (CNS) lymphoma and would undergo a cranial biopsy. The biopsy was rescheduled for Tuesday morning. In the final moments before Barbara entered the surgical suite I held her hand, kissed her, and in a barely audible voice, she said, "I love you."

The pathology reports did not arrive until later in the week. They indicated a very aggressive, inoperable CNS lymphoma – an extremely rare cancer, with limited chemotherapy or radiology treatment options. Barbara's condition deteriorated rapidly, and she lost control of all speech and organ functions.

There was a remote possibility that an experimental chemotherapeutic intervention could delay the progress of the lymphoma, but after consultation with Dr. Bryan, our longtime

internist, and Hy Muss, Barbara's medical oncologist, as well as consultation with Melissa and Carrie, we decided not to pursue further intervention. On Sunday, Dec. 19, Barbara was transferred by ambulance to the Duke Hospice and Home Care in Durham and died three days later.

I was distraught, and physically and emotionally exhausted, and Joyce and Melissa helped me manage affairs. The thought of a formal memorial service was overwhelming. However, in the weeks following, Melissa and Joyce prevailed, and a service was planned for Feb. 19, 2017, at the Chapel Hill Country Club – *Remembering a Life Well Lived: A Celebration of Life of Barbara Ann Kaluzny*.

More than 150 friends, colleagues and family members gathered, coming from Chapel Hill, Washington, Providence and New Mexico to remember Barbara and celebrate her life. Melissa was the spokesperson for the family. Barbara's sister Joyce, my brother Dick, Bob Williams, two former colleagues of Barb's – Melissa Barry and Ann Steagall – and our neighbor Susan Lyons recalled Barb's life and many contributions. Concluding the service, Melissa welcomed others to come forward. Our granddaughter, Heather Porter, raised her hand and walked to the podium. She paused, and with tears in her eyes, called her grandmother by the pet name she'd used since she was a youngster. "Isha, I love you," she said simply. Heather slowly returned to her chair, joining Carrie and me in the front row.

With those three words, I was filled with gratitude that Joyce and Melissa had insisted that we celebrate Barb's many

contributions over a lifetime that was, indeed, well-lived. I should know, as I was a major beneficiary.

As the days and weeks proceeded, Joyce, Melissa and I began the task of managing family affairs related to the house at 102. For 56 years, Barbara had ably managed such affairs, and decisions about our home were made based on the assumption that she and I would “age in place.” We had made several structural renovations to meet the challenges of aging.

I remained fully committed to living at 102, assuming the many care responsibilities for Carrie and Heather that Barbara had shouldered for most of our married life. This was Barbara’s house, and 102 provided me with a physical reminder of our life and what we had accomplished together.

Over the next 12 months, it became obvious, as Melissa would say, “Dad, this is not working out.” Caring for Carrie and Heather became more demanding. Carrie’s accident in June 2017 had resulted in a deteriorating physical condition, one that required continuing home care and which was fraught with the realization that, ultimately, she may require long-term residential nursing care. I was forced to admit that I needed to consider an alternative long-term plan.

In January 2018, I placed my name on the waiting list at Carol Woods, and we began preparing 102 for sale. Several other options were considered, but in the end, Carol Woods best met my needs. The sale of the house also provided funds to accommodate Carrie’s and Heather’s long-term needs, as well as college funding for Crosby and Nicolas.

I requested a one-bedroom apartment, expecting to wait the usual 18-24 months. However, in June 2018, I received the call that a one-bedroom was available. Melissa was on a family trip to the mountains, so I met alone with Gretchen Likins, director of admissions, to look at the apartment. A decision was required within 48 hours, so I gave a tentative 'yes.' It seemed turning it down was too great a risk, given that I would soon be 80 years old, and there was no guarantee when another one-bedroom might become available.

At Carol Woods, vacated apartments are totally renovated and available for occupancy in three to four months. In the meantime, various financial forms were required, as well as a medical exam, including an EKG and a day-long series of interviews with the chief executive officer and the chief officers for operations, finance, nursing and social work. The latter involved a cognitive screening test – an exam I approached with some anxiety, as I had heard that others who had failed the test were rejected on that basis alone.

In July, I was informed that all the interviews went well. I had successfully completed the cognitive screen, and my application was formally accepted. With that accomplished, we began the process of selecting flooring, blinds, wall paint, cabinets, etc. On Oct. 17, 2018, I moved into my apartment, #3202, at Carol Woods, 750 Weaver Dairy Rd., in Chapel Hill.

Preparing 102 for sale was a significant undertaking. Over the years, 102 and its downstairs apartment became the residence of Uncle Tony and Ed Wesolowski, along with their personal belongings. In essence, 102 had become the repository

not only of what Barb and I had accumulated over our lifetimes, but also the remnants of what Uncle Tony and Ed Wesolowski had brought from Milwaukee. In fall 2018 and spring 2019, Melissa, Myatt, Crosby and Nicolas dismantled the house, and by April, 102 was ready for sale.

Unlike my prior limited experience in buying and selling residential property, the sale of 102 required various inspections and "staging the property for showing," e.g., repainting the interior of the house, replacing lighting fixtures, etc. We were fortunate to have the experience of Christy Bowman and Susan Brooks, our real estate agents. Christy had been recommended by Steve Richards, of Edward Jones, our long-time financial adviser, and we were most grateful for her help.

In May, the house was listed for sale, and throughout the month and into June, prospective buyers visited. A frequent observation was "Beautiful house, wonderful location, but it does not fit our lifestyle." Essentially, that translated to the reality that 102 is 80 years old, designed and built in another era. Given the list price of the house, it would be too expensive to remodel to fit another family's lifestyle.

In consultation, the price was reduced to $615,000, with the understanding that any additional expenses would be the responsibility of the buyer. We were also anxious to sell the house rather than run the risk of maintaining it over the fall and winter. On a Saturday in mid-June, a couple visited the house, accepted the price and the conditions, and a contract was signed. For the next 30 days, the buyer's agent arranged for

their inspection and certification and prepared the necessary documents. The sale was completed July 31, 2019.

Selling “Barbara’s house” was clearly the end of life as I knew it. Reality, however, presents itself in different forms.

Nodal Event: Reality sets in. *On August 1, the day after closing, I drove down Pine Lane for a last run-through of the neighborhood. It was my understanding that the new owners were out of town since they were not present for the formal closing and all the documents had been completed electronically. A car, which I assumed belonged to Susan Brooks, was parked in the driveway. Susan worked with Christy Bowman, and while I had personally thanked Christy for her help, I had not had the opportunity to thank Susan. I thought that she must be checking to ensure that 102 was ready for the new owners, and it seemed like a good time to pop in and express appreciation.*

I knocked on the front door, expecting Susan. When a stranger appeared, I was surprised and blurted out, ‘Who are you?’ ‘I am Ann Cooley, the new owner,’ the woman said. ‘Who are ***you****?’ With that question – Who are you? – I came face-to-face with the new reality!*

Ms. Cooley graciously invited me into 102 and said she absolutely loved the house. She and

her husband planned to live in the house as it was and were not planning any major renovations, except for the kitchen. She looked forward to the garden in fall, she said. I provided a brief history of the neighborhood, the wonderful people of Pine Lane, the way things had changed over the past 40 years, and the history of the house and its various renovations, including the family room, the fireplace, the screened-in porch, deck, master bedroom, etc. As I left the house, my parting thought was that 102 was in good hands. Barbara would be pleased.

That was then, and this is now; 102 is history. The unexpected meeting with Ann Cooley was the face of reality. What remains now is a fading memory of our life at 102 – a life that, in retrospect, far exceeded our expectations, a life that was built on shared values, experiences, priorities and love, and while these were expressed in different ways, it was a love that survived the test of time. For that, I am most grateful.

A New Beginning: Life at Carol Woods. On October 16, 2018, I moved to Carol Woods, a well-established continuing care retirement community (CCRC) on the northern edge of Chapel Hill, N.C., situated on 120 acres of woods and landscaped gardens and home to 486 campus residents.

Residents are assigned a mentor to help navigate their assimilation into the CCRC. I had the good fortune to be

assigned Jim Summerville, a long-time Carol Woods resident. Jim was 90 years old, a former engineer, who on our first meeting, said, “Arnie, this is a community. It’s more than an array of cottages and apartments. It’s a group of people who care about each other.” I quickly learned the meaning of his words. Jim died in late June 2020, but I have the privilege to bear witness to his words on a daily basis.

Managing a New Reality. The details may vary, but at its core, the underlying theme of life now is facing the daily reminders of the aging process and the reality of being mortal. (See Gawande’s book, *Being Mortal*.) That reality includes walkers, motorized scooters, and all-too-frequent memorial services. Now, having been a resident for almost three years, many of those memorial services are for people I knew. As one resident described it, “We live on a one-way street; there are no exits, and we know how the story ends.”

Aging is a solitary journey, and in the words of Carol Woods resident and poet Peggy Cohn (2020), it involves a long-term process of “letting go.” That process is aided by the supportive environment of Carol Woods, a community of talented and accomplished men and women who, by their very manner, teach humility. All of them have a story and have traveled a path similar to mine. In so many respects, they are my role models for managing the aging process. I am forever grateful for their advice, counsel and friendship.

In retrospect, moving to Carol Woods was the right decision, for the right place and at the right time. The move has provided me with a real-time opportunity to be a participant

observer of the end-stage of the care continuum. Carol Woods is a prototype for the structure and type of organization required if older people are to have access to medical care and social support. After all, the aging and the aged constitute the fastest-growing population group in the U.S. It is criminal that so many elders in this wealthy nation cannot feel safe, well, sheltered, fed, engaged, and at least, on occasion, productive and joyful.

APPENDIX 1:

A Scrapbook of Memories

Appendix 1A: *Stories*

It has been a wonderful journey. There have been many challenges and opportunities along the way, activities often exceeding all expectations, many never even imagined. Yet as in any life, the reality is that many dreams and expectations were never and can never be realized. The descriptions in each of the time segments here were guided by the idea that *"The only things that are important are the things that you remember."*

Yet, the exercise of recording "what is remembered" generated an unrelenting flow of events and people not recorded in the main story, but needing to be noted. These include, in no particular order:

- **Carrie's diagnosis and operation for scoliosis and the resulting year of a full-body cast.** That was a challenge for all, with Barb and Carrie deserving of special admiration, as they managed a situation where even simple bodily functions presented significant challenges to daily personal hygiene.

- **On April 1, 2009, I had a stent implanted in my left anterior descending artery (LADA).** I was a person who, for years, had maintained rigorous exercise, swimming 70-

100 laps, five days a week. When this became too restrictive, I ran 5-10 miles per day, enjoying every minute of it. I felt mild chest pain, but the radiating pain in my left arm was a powerful indicator that something was very wrong. Fortunately, action was taken quickly; an angiogram confirmed the lesion, and it was corrected.

- **The "ultimate sting" in celebration of Barb's 70th birthday.** Barbara, who prided herself in knowing everything that went on in our house, discovered that was not always the case. A dinner party was arranged to which Joyce, Barry and Gloria were invited. (Tom was invited, too, but could not travel for the dinner.) Barbara was totally surprised when we went out to dinner at Cypress (our favorite restaurant in Chapel Hill). At first, we were seated next to the entrance, and as would be expected, Barb was annoyed by the seating. Then, Alex, the owner and chef, apologized and ushered us into the side room, where the group was assembled. The ultimate sting, indeed!

- **Surprise visit to Princeton to celebrate Dick's 70th birthday.** For years, Dick and Lorna visited 102 for Thanksgiving. During each visit, the discussion always turned to, "When are you going to visit Princeton?" This happened with such regularity that Dick finally said unless we visited them, he and Lorna would have to reassess their annual visit to Chapel Hill. With Lorna's help, Dick's

70th birthday was the opportunity to make amends. Mission accomplished on June 21, 2011.

- **Living with and caring for Uncle Tony and then Ed Wesolowski during the last years of their lives.** When we first moved into 102, the lower level was an unfurnished full basement. I spent the first summer partitioning part of the basement into an apartment with a sitting room/ bedroom, bathroom and kitchen. It was rented for a few years, but with the passing of Aunt Blanche, and Uncle Tony in a nursing home, it was simply the right thing to do to offer Uncle Tony residence at 102. After the short nursing home stay, he was with us for several years prior to his death.

  Similarly, when Barb's mother died, Ed was alone in Milwaukee. He moved to 102 and lived there until he became seriously ill and moved, for a short time, to a nursing facility prior to his death. Only now do I fully appreciate what these people were experiencing in their 70s and 80s as they saw everything familiar and loved slipping away.

- **The deaths of Uncle Tony, Ed, and Aunt Blanche are all vivid memories.** Daddy died unexpectedly, and I very much regret not spending time with him during those final days. I might have better used that time to express my love and appreciation for all his support. Daddy suffered

from clinical depression for many years and was hospitalized several times. Today, the condition could be effectively managed, and when properly diagnosed and treated, would be far less debilitating. I suspect Daddy felt considerable personal guilt that he was not able to overcome the condition despite the shock therapy and medication. I would have liked to say “I understand” and “It is not your fault” and “Despite your debilitation, you were a good father, something I hope I can do as well.”

Fortunately, I had a chance to talk with mother before she died. Mother had end-stage cardiovascular disease and lived on nitroglycerin. I remember vividly a call at 2:30 a.m. from a nurse at St. Luke’s Hospital, saying that Mother needed to talk with me. She already had talked with Dick and was rational and focused, fully aware of her condition. I suspect that her message to me was identical to the conversation she had with Dick – “Please take care of your family” – which she expressed with great love and affection.

I left for Milwaukee on the first flight, but Mother had already died. Dick arrived and the hospital arranged a room where we could sit with mother for a time and pay our personal respects and share memories. The following days were very difficult as we made arrangements, and as part of the memorial service, prepared a joint statement

that Dick and I wrote but were unable to present. Lorna was kind enough to read our remarks at the service.

- **USAID DANFA evaluation in Accra Ghana.** DANFA was an integrated family planning maternal and child health program in Ghana, funded by USAID. A site visit team was assembled, including specialists in health education, public health, and management and health services research corresponding to the relevant activities of the project. The team provided me the opportunity to live and work within an African culture – truly a unique and transformative experience.

- **The ultimate embarrassment at the Institute of Medicine (IOM).** In the mid-1990s, I was appointed to a small group to evaluate the NIH consensus development process. As part of that evaluation, the group was invited to present to a meeting at the IOM, a component of the National Academy of Sciences. I had been involved with several IOM panels in the past, but this presentation was in the auditorium of the National Academy of Sciences. This was a "big deal," as I had been nominated several times to be a member of the IOM. Many are nominated, but few are appointed.

  Knowing that a lot was riding on this presentation, I prepared and rehearsed assiduously the day before, but did not sleep well that night. In the morning, I loaded the

slide tray, ready to make my presentation, and with the first slide, realized there was a problem. All the slides were upside down! Fortunately, Bob Brook, from the Rand Corporation and a major health services research scholar and IOM member, was seated by the projector. He was able to correct the problem, but the damage was already done. I got through the presentation, but needless to say, it wasn't my best day. I understand I was nominated at least once more, but I never did receive an invitation to be a member of the IOM. I can't help but wonder whether my slideshow disaster had anything to do with that.

- **Carrie's separation and ultimate divorce in 2014.** Don's and Carrie's relationship initially had seemed like a good idea, but their marriage deteriorated over the years. While Heather had lived at 102 since birth, and 102 was essentially her home, it was obvious that neither Don nor Carrie was capable of caring for and raising her. Don had an array of medical problems (some real, others appearing at his convenience) and had to deal with the unexpected death of his mother and conflicts with his Dad that often turned violent. There were severe money management problems verging on bankruptcy and abusive behaviors directed at Carrie and Heather. Eventually, all this culminated in Don's taking medical leave and early retirement from UNC Hospitals.

During most of this time, Carrie and Don lived in Barb's Southern Village condo, where there was increasing conflict about the upkeep. The last straw was Don's refusing Barb entry into the house and calling the police. Just prior to that, he had tried to force Carrie to co-sign a bank note for a considerable sum of money. Fortunately, Carrie refused and ran out of the house. Divorce proceedings promptly followed.

Don did not contest the divorce, and we did not ask for child support. This was a very difficult time for all – for Carrie, in particular – but in the end, she and Heather are doing well and are very fortunate to be dealing with their own affairs and caring for each other.

- **In September 2014, a routine mammography revealed a suspicious shadow in Barbara's upper right breast.** A biopsy was performed on Sept. 18 that confirmed a lobular carcinoma in situ. This was followed with a lumpectomy, but unfortunately the surgery was not able to achieve clean margins, and within two weeks, a mastectomy was done. It was a normal recovery. In consultation with Dr. Hyman Muss, a medical oncologist with a specialty in the care of postmenopausal breast cancer patients, the follow-up oncogenic assessment suggested that no further chemotherapy or radiation intervention was required.

Routine medical visits followed. I had forgotten that I had worked with Dr. Muss in my prior affiliation with the NCI, primarily on various study sections and advisory committees. On Barb's first follow-up visit, Dr. Muss walked into the examining room, and said, "Arnie! It has been too long. It's wonderful to see you!" That generated a conversation about old colleagues, etc. All the while, Barbara was sitting patiently. Finally, she had had enough: "OK, guys. Let me remind you that *I'm* the patient!"

We returned to a more professional relationship – and I accompanied Barbara on all subsequent visits, at which the focus was always on Barbara, her health and her overall welfare. Her diabetes was well under control with Metformin, and she was taking letrozole as a chemo-prevention for recurrent breast cancer.

Fast forward to the unfolding events of December 2016 and Barbara's CNS lymphoma. (See page 174.) Throughout the month, Dr. Muss would visit almost every day, closely following the results of the biopsy. In the end, he made the call, based on the histology report, that the lymphoma was not associated with the lobular carcinoma of the breast. He determined that it was very aggressive and that any intervention would be marginally effective and extremely toxic, requiring transfer to the Cancer Hospital to manage the chemotherapy and toxicity. At best, he thought this would only extend Barbara's life for a few weeks.

- **On a late Friday afternoon in mid-June 2017, an unexpected thunderstorm, with high winds and slashing rain, resulted in Carrie's falling in the 706 parking lot as she and Heather returned from dinner at a local restaurant.** Carrie was unable to get up. Ann Harrison's son, Walker, was looking out the window facing the parking lot and saw Carrie and Heather having difficulty. He rushed out and brought Carrie inside, where she was struggling to breathe and had begun to aspirate. The EMS was called and arrived in minutes. Heather called me, and when I arrived, the EMS had already left for the UNC emergency room. A quick conversation with the ER tech revealed that Carrie was not breathing but did have a weak pulse.

  When I arrived at the ER, I was quickly ushered into the treatment area. The ER doctor approached me, with no preliminaries, and asked whether Carrie had advance directives. I said yes, and the doctor pressed to learn what he should do. We had a quick discussion – the issue was how long Carrie had been without oxygen, the extent of brain damage and the risk of permanent disability. The ER team already had reviewed her medical records and saw that she was essentially healthy, so the decision was made to proceed. Carrie was placed on a "cooling protocol." A coma was induced, and she was placed on a ventilator and stabilized in the ER and then transferred to the cardiac intensive care unit.

After five or six days, she was taken off the ventilator. The cooling protocol revealed no significant cognitive damage, but the experience was followed by a six-week hospital stay and rehabilitation. She was discharged in September, and needed four weeks of UNC Home Care nursing and physical and occupational therapy.

Subsequent medical problems continued, and Carrie retired with 30 years' service from UNC Healthcare, living at 706 with Heather. Carrie's health has continued to deteriorate, and she eventually came to need a supra-pubic catheter, which requires additional care support.

During this time, I was the primary caregiver, making multiple visits to 706 and several weekend ER visits to adjust and flush the catheter. While the move to Carol Woods had solved the challenges of maintaining 102, it had added a significant travel burden. Again, Melissa interceded – "Dad, this is not working out" – and various home care options were tried.

Melissa and I have been faithful to my promise to Carrie that she will continue to reside at 706. At some point, however, it may be necessary to consider a residential nursing care facility. Beginning in fall 2019, Carrie has had 24/7 care. Angela Ray has assumed daycare responsibilities Monday through Thursday and every other Saturday, supplemented by one of the evening caregivers on

alternate Saturdays. In August 2020, Madelyn Ashley, a geriatric nurse, was engaged to coordinate and oversee Carrie's clinical care, which involves urology, neurology, internal medicine, ophthalmology and dental procedures on a home-care basis.

- **The births of Crosby Williams (Sept. 11, 2001) and Nicolas Williams (Jan. 31, 2004) have brought many moments of joy over the years.** I have had the privilege to observe both grandsons as they grew and matured into young adults, each unique in his own way. They have provided me with vivid memories of the miracle of life.

  Crosby was born on the afternoon of 9/11, in the midst of the terrorist attack on the World Trade Center in New York City and the Pentagon in Washington, D.C. That day 19 years ago remains a symbolic reminder that good things happen even in the darkest days. As Crosby begins his freshman year at Colorado College and his adult life, the country and world once again are facing unprecedented challenges, reminiscent of the fear, chaos and uncertainty Americans felt on the day of his birth.

  Nicolas now is a junior at the Durham Academy. As with Crosby, I have been able to observe and share his life as he develops a sense of identity, focus and purpose. Shortly after birth, Nicolas was diagnosed with a ventricular septal defect and subsequent subaortic stenosis, which resulted in two open-heart surgeries at Duke University within his first 18 months of life.

Over time, Crosby and Nicolas have formed a loving bond. That is a tribute to Melissa and Myatt and their values of mutual respect and love that will serve their sons well in the years ahead.

- **Barbara's final days at the Duke Hospice, Hock Family Pavilion, Durham, N.C.** On Sunday, Dec. 19, 2016, Barbara was transferred to the Duke Hospice, on Roxboro Road, in Durham. It was a 30-minute drive from Chapel Hill to the facility, through significant truck traffic, and Bob Williams kindly agreed to be the designated driver. For the next four days, Bob and I would leave from 102 at mid-morning, which allowed me to spend time with Barb until late afternoon. Barb was heavily sedated, yet each day, I consulted with the hospice physician and staff, fully aware that the end was near.

  On December 22, as we approached the bottom of Laurel Hill Road, preparing to turn onto 15-501 on our way to the Duke Hospice, my cell phone rang. Quietly, Melissa let me know that Barbara had died about an hour before. Bob pulled to the curb without saying anything, and we remained silent for about 10 minutes. Not a word was spoken. Then, with tears in my eyes, I indicated I was ready to complete our journey – and face the reality that life, as I'd known it, had come to an end.

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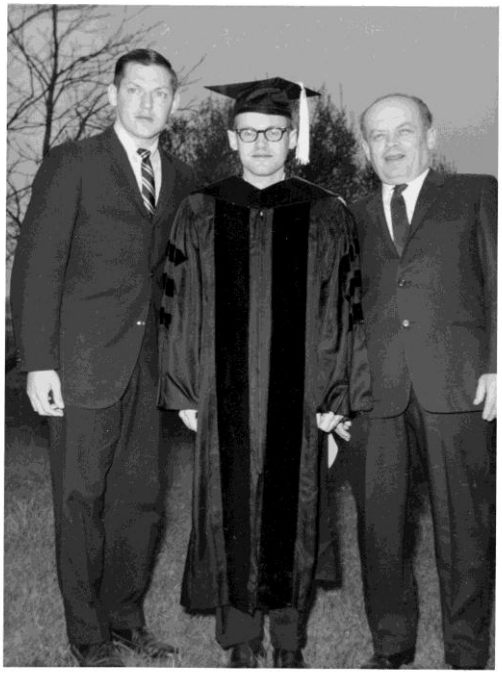
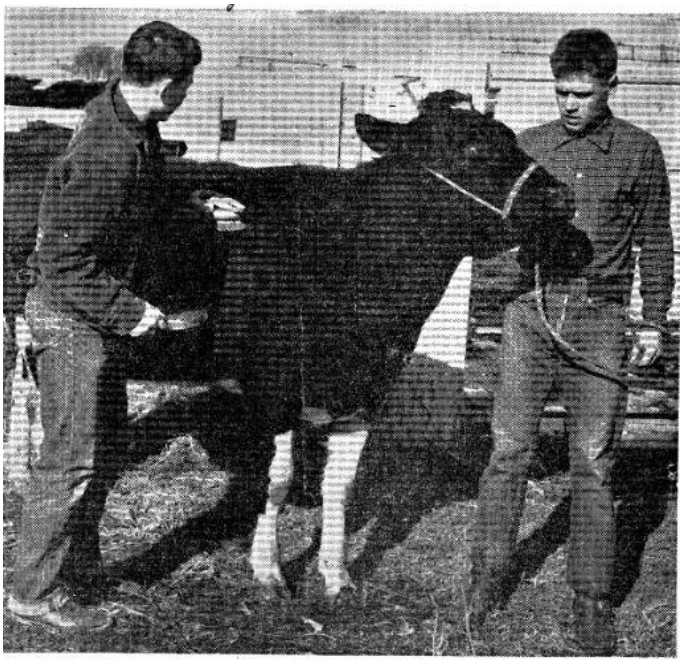
End Note. In their classic ethnographic study, *The Polish Peasant,* Thomas and Zananieki declared that "what is perceived as real is real in its consequences." That is, behavior depends not only on the objective reality of the situation but on one's subjective interpretation of that reality. Under those terms, grounded in biographical sketches and examination of nodal events, my life has been a series of consequences. In retrospect and by any reasonable criteria, that life has exceeded all expectations. It has been a life that involved risk, decisions and actions that others might judge foolhardy, but in the end, I was provided with opportunities for personal relationships with friends, colleagues and students and was able to be involved in and contribute to many of the important health care issues of the day. As Joan Didion remarked in a commencement address some years ago, "Live recklessly. Take chances. Make your own work, and take pride in it."

Within that spirit, my challenge is to move forward, not dwelling on the past but seizing and celebrating the moment and all the joy that life provides in the days, weeks, months and hopefully years ahead.

Appendix 1B: *Photographs*





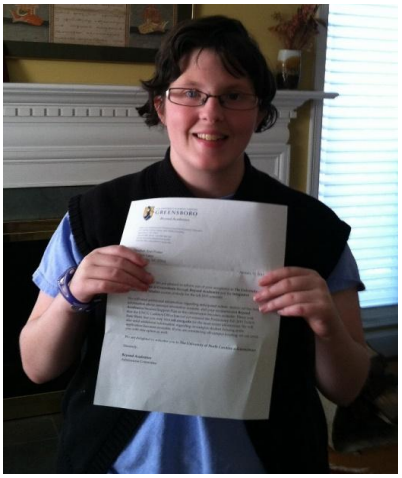
(Clockwise, from *top left*): 8 year-old Arnie poses for the camera; my Michigan PhD graduation in 1967, with brother Dick (left) and dad; and Arnie at age 15, in February 1954, preparing a heifer from the Racine School of Agriculture herd for delivery to a buyer in Venezuela. At left with the heifer is my classmate Ken Chilson.

Melissa's graduation from Kenyon College (1991), with me (left), mother (center), and brother Dick (right).

With Barbara, the love of my life, Christmas 1959, in Milwaukee.

Our 50th wedding anniversary portrait (June 2010)

Arnie with Crosby and Nicolas (December 2012)



Heather proudly shows her acceptance letter to UNC-Greensboro's Beyond Academics program in 2014.

Barbara on a schooner in Rockport, Maine (2014)

Celebrating Barbara 75th birthday in 2014

Carrie and Heather visit my Carol Woods apartment (fall 2018).

Carrie and Heather at the Southern Village condo, “706” (Dec. 2019)

Dick & Lorna Kaluzny at 102 Pine Lane

Barbara’s sister, Joyce (2018)

Bob and Ann Williams, celebrating Nicolas's 8th-grade graduation from Durham Academy (2017)

Crosby, graduating high school at Durham Academy (2020)

Melissa with Nicolas (2018)

Melissa with Crosby (2019)

Nicolas enjoying the view …

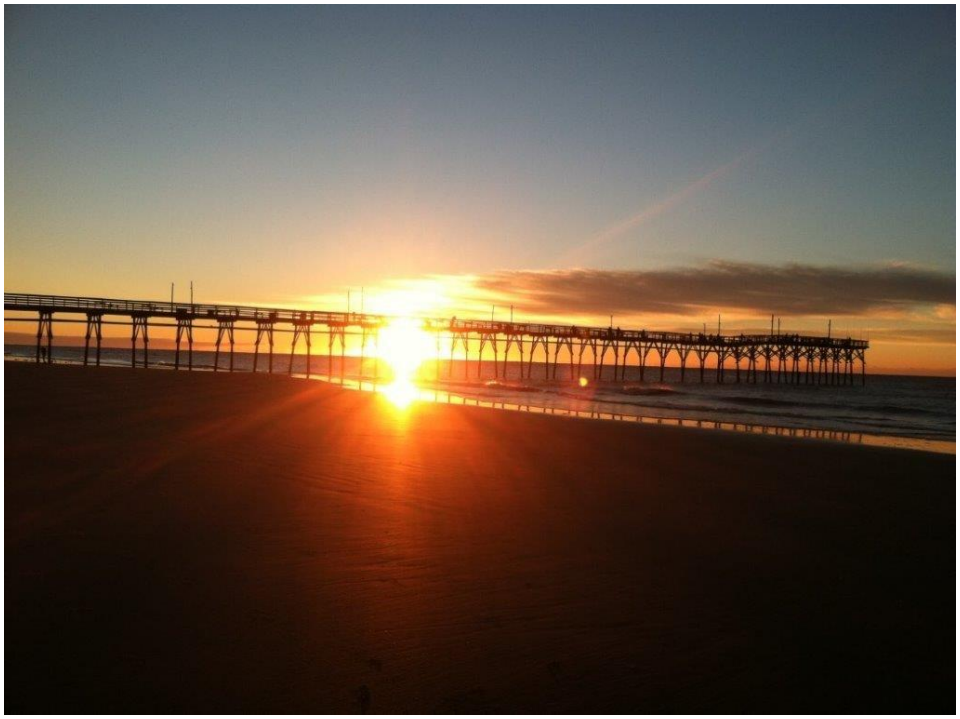
… and showing off his water-skiing skills (July 2020)

Heather, Crosby, Nicolas and Carrie at the Southern Village condo (2019).

Melissa, Myatt and the boys on vacation at Glacier National Park in Montana (2020).

Crosby with his granddad (2019)

Melissa, with (l-r) Crosby, Myatt and Nicolas, poses on the evening of Aug. 13, 2020, prior to Crosby's heading off to Colorado College the next day.



One of many glorious Sunset Beach sunrises we got to enjoy as a family.

Appendix 2:

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Friedman, Thomas. *The World Is Flat 3.0: A Brief History of the Twenty-first Century*. New York: Farrar, Straus and Giroux, 2005.

Gawande, Atul. *Being Mortal: Medicine and What Matters in the End.* London: Profile Books, 2014.

Gordon, J. and L. Fisher (eds.) *The Diffusion of Medical Technology Policy and Research Planning Perspectives*, Cambridge, Mass.: Ballinger Publishing Co., 1975.

Kaluzny, A., J. Gentry and J. Glasser, Innovation in Health Care Organizations: A Review of Research and Plan of Projected Studies, *Health Services Research*, Winter 1968, 316-326.

Kaluzny, A., Innovation in Health Services: Theoretical Framework and Review of Research, *Health Services Research,* Summer 1974, 101-120.

Kaluzny, A., Community Cancer Programs as Strategic Alliances: Challenges and Guidelines for Action, *Can Med Assoc J* 1991;144(11):1427-1432.

Kaluzny, A., R. Warnecke and Associates. *Managing a Health Care Alliance: Improving Community Cancer Care.* San Francisco: Jossey Bass Publishers, 1996.

Kaluzny, A. and D. O'Brien, *Managing Disruptive Change in Healthcare: Lessons from a Public-Private Partnership to Advance Cancer Care and Research*. New York: Oxford University Press, 2015.

Katz, D. and R. Kahn. *The Social Psychology of Organization.* New York: Wiley, 1965.

McNerney, W.J., Managing Ethical Dilemmas, *Health Adm Edu* 1985:331-340.

PROJECT HOPE, Preparing Health Care Managers on a Global Scale, Millwood, Va., December 2015.

Schaar, John H. *Legitimacy in the Modern State*. Piscataway, N.J.: Transaction Publishers, 1981, p.321.

Thomas, W.I. & F. Znaniecki (edited by E. Zaretsky). *The Polish Peasant in Europe and America*. Champaign, Ill.: University of Illinois Press, 1995.

Appendix 3

Arnold Kaluzny: Curriculum Vitae

EDUCATION

Ph.D.	University of Michigan, Ann Arbor, Horace H. Rackham School of Graduate Studies, 1967 (Medical Care Organization—Social Psychology)
M.H.A.	University of Michigan, Ann Arbor, School of Business, 1962 (Hospital Administration)
B.S.	University of Wisconsin, River Falls, 1960 (Economics-Chemistry)

CAREER SUMMARY

Professor Emeritus (2006-Present), Professor (1975-2005), Associate Professor (1970-1975), Assistant Professor (1967-1970), Department of Health Policy and Administration, School of Public Health, University of North Carolina at Chapel Hill

Director Emeritus (2001-Present) Public Health Leadership Program; Director (1997-2000), Public Health Leadership Program; Coordinator (1993 -1997), Public Health Doctoral Leadership Curriculum, School of Public Health, University of North Carolina at Chapel Hill

Senior Research Fellow (1970-Present), Cecil G. Sheps Center for Health Services Research, University of North Carolina, Chapel Hill, N.C.

Member (1978-Present), Acting Program Leader, Cancer Prevention and Control (1993-1998), Lineberger Comprehensive Cancer Center, University of North Carolina, Chapel Hill, N.C.

Adjunct Professor (2004-2006), School of Public Health, University of Arkansas, Little Rock

Adjunct Professor (1982-1990), School of Pharmacy, University of North Carolina, Chapel Hill, N.C.

Chairman (1987-1991), Strategic Planning Committee, School of Public Health, University of North Carolina, Chapel Hill, N.C.

Visiting Professor (1988, 1990, 1992, 1994-2000), Department of Health Services, School of Public Health and Community Medicine, University of Washington, Seattle

Chairman (1976-1987), School of Public Health, Institutional Review Board on Research Involving Human Subjects, University of North Carolina, Chapel Hill
Director (1972-1987), Doctoral Program, Department of Health Policy and Administration, School of Public Health, University of North Carolina, Chapel Hill
Senior Research Associate (1969-1978), Carolina Population Center, University of North Carolina, Chapel Hill
Research Associate (1968-Present), Institute for Research in the Social Sciences, University of North Carolina, Chapel Hill
Acting Director (1973-1975), International Programs Office, Carolina Population Center, University of North Carolina, Chapel Hill
Advisor and Resident Representative (1970-1971), Carolina Population Center, Institute for Population and Social Research, Mahidol University, Bangkok, Thailand
Adjunct Assistant Professor (1967-1970), Adjunct Associate Professor (1970-1975), Adjunct Professor (1975-1987), Department of Health Administration, Duke University, Durham, N.C.
Assistant to the Director (1962-1963), Delaware Hospital Inc., Wilmington, Del. Administrative Resident (1961-1962), Delaware Hospital Inc., Wilmington, Del.

FEDERAL / NATIONAL: APPOINTMENTS

Senior Advisor (2007-2013), National Cancer Institute Community Cancer Centers Program, Office of the Director, National Cancer Institute, National Institutes of Health, Bethesda, Md.
Senior Advisor (2000-2004; 2006-2011), Division of Cancer Prevention, National Cancer Institute, National Institutes of Health, Bethesda, Md.
Member (2005), Program Review Panel, Cancer Research Network, Division of Cancer Control and Population Sciences, National Cancer Institute, National Institutes of Health, Bethesda, Md.
Member (2005-2007), National Advisory Board, School of Public Health, University of Arkansas, Little Rock
Chairman (2003), Special Program Review Committee, Cancer Prevention Fellowship Program, Division of Cancer Prevention, National Cancer Institute, National Institutes of Health, Bethesda, Md.
Senior Advisor (2000- 2004), Division of Cancer Prevention, National Cancer Institute, National Institutes of Health, Bethesda, Md.
Chairman (2001-2002), Steering Committee, QIERI Program Evaluation, the VA, HSR&D Service, Department of Veterans Affairs, Washington, D.C.

Chairman (2000), Committee on Expanding Management Research in the VA, HSR&D Service , Department of Veterans Affairs, Washington, D.C.

Member (1999-2000), Multidisciplinary Panel: Collaborative Networks & Organizational Support. The New York Academy of Medicine, NY, NY.

Member (1996-97), Special Review Group on Cancer Control, National Cancer Institute, Bethesda, Md.

Member (1996-98), Advisory Committee to the Kansas Health Foundation, Topeka, Kansas

Member (1996-99), Board of Directors, AMC Cancer Research Center, Denver, Col.

Member (1995-96), National Cancer Advisory Board Working Group on Behavioral Research in Cancer Prevention and Control, National Cancer Institute, Bethesda, Md.

Member (1995-98), External Advisory Committee, Center for Prevention in Native Americans, The University of Oklahoma Health Sciences Center, Oklahoma City, Okla.

Member (1991-95), Chairman (1993-95), Board of Scientific Counselors, Division of Cancer Prevention and Control, National Cancer Institute, Bethesda, Md.

Member (1991-95), Cancer Prevention Scientific Education Committee, Division of Cancer Prevention and Control, National Cancer Institute, Bethesda, Md.

Member (1993), Expert Panel for Cancer Control Measures of Progress Against Cancer, National Cancer Institute, Bethesda, Md.

Member (1994-1995), Clinical Trials Monitoring Advisory Committee, Division of Cancer Treatment, National Cancer Institute, Bethesda, Md.

Member (1991-94), American Cancer Society Grant Task Force, Joint Commission on Accreditation of Healthcare Organizations, Chicago, Ill.

Chairman (1992-93), Advisory Panel for Health Care Management, Pew Health Professions Commission, Durham, N.C.

Member (1991), Advisory Panel for Public Health, Pew Health Professions Commission, Durham, N.C.

Member (1989-90), Committee on the NIH Consensus Development Program, Institute of Medicine, National Academy of Sciences, Washington, D.C.

Member (1989-1992), Committee on Research, American College of Healthcare Executives, Chicago, Ill.

Member (1989-90), Health Services Administration Work Group, Public Health Faculty/Agency Forum, The Johns Hopkins University, School of Hygiene and Public Health.

Member (1990), Panel to Review the Strategic Plan for Public Health Professions Branch, Bureau of Health Professions, Health Resources and Services Administration HHS
Member (1987-1991), Cancer Control Grant Review Committee, National Cancer Institute
Member (1987-1991), Health Services Research and Development Scientific Review and Evaluation Board, Veterans Administration, Department of Medicine and Surgery, Washington, D.C.
Member (1988-1989), Committee on the Centers Program of the National Cancer Institute, Institute of Medicine, National Academy of Sciences, Washington, D.C.
Member (1988-1989), Health Services Research and Development Field Program Evaluation Panel, Veterans Administration, Department of Medicine and Surgery, Washington, D.C.
Member (1988-1989), Advisory Board, Association of Schools of Public Health/Centers for Disease Control Practice Instruction in Public Health Project
Member (1987-1989), Organizational Indicators Task Force, Joint Commission on Accreditation of Healthcare Organizations, Chicago, Ill.
Commissioner (1983-1989), Vice Chairman (1986-1988), Chairman (1988-1989), Accrediting Commission on Education for Health Services Administration, Arlington, Va.
Ad Hoc Reviewer (1978-1987), Veterans Administration Central Office, Health Services Research and Development Service
Member (1981-1987), Project Oversight Committee, Office of Medical Research Application, National Institutes of Health
Member (1982-1987), Project Oversight Committee, CCOP Evaluation, Division of Resources Centers and Community Activities, National Cancer Institute, Chairman, Subcommittee—Evaluation Design and Policy Implications
Member (1987), Hospital Payment Panel, Health Care Financing Administration. Member (1987), Ad Hoc Review—Reduction in Avoidable Mortality from Cancer, National Cancer Institute
Chairman (1987), Cancer Control Ad Hoc Grant Review Committee—Improving Cancer Patient Management Through the Tumor Conference, National Cancer Institute
Member (1987), Ad Hoc Review – Community Clinical Oncology Program – Research Base, National Cancer Institute
Member (1982-1986), Ad Hoc Reviewer (1987-Present), Health Care Technology Study Section, National Center for Health Services Research and Technology Assessment.
Member (1985-1986), Special CCRU Review Committee, Division of Cancer Research Resources and Centers, National Cancer Institute.

Member (1986), Community Clinical Oncology Program Planning Committee, Clinical Trials Diffusion Subcommittee, National Cancer Institute
Member (1985), Special Review Committee, Continuing Care Research, National Cancer Institute
Member (1982-1984), Advisory Panel on Hospital Organization Research, Hospital Research and Educational Trust, Chicago, Ill.
Member (1983-1984), Ad Hoc Review – Organ Site Coordinating Centers, National Cancer Institute
Chairman (1983-1984), Ad Hoc Review – Cancer Control and the Elderly, National Cancer Institute
Consultant (1983-1984), National Institute of Mental Health, Division of Biometry and Epidemiology Survey Systems Research Section, Rockville, Md.
Consultant (1979-1983), Technical Review Panel, Division of Intramural Research, National Center for Health Services Research, Rockville, Md.
Consultant (1981-1982), Centers and Special Projects Section, Division of Extramural Affairs, National Heart, Lung, and Blood Institute
Member (1977-1981), Cancer Control Prevention, Detection, Diagnosis, and Pretreatment Evaluation Review Committee, National Cancer Institute, National Institutes of Health
Consultant (1980-1981), National Center for Health Care Technology, Rockville, Md.
Consultant (1974-1980), Public Health Review Committee, Bureau of Health Resources Development, Public Health Service, Health Resources Administration, Department of Health, Education, and Welfare.
Consultant (1976-1977), National Cancer Institute, National Institutes of Health, Rockville, Md.
Consultant (1977, 1979, 1985), National Science Foundation, Washington, D.C.
Consultant (1971-1972), Office of Program Planning and Evaluation, National Institutes of Health, Rockville, Md.
Member (1969-1971), Public Health Review Committee, Bureau of Health Resources Development, Department of Health, Education, and Welfare, Bethesda, Md.

OTHER SELECTED ACTIVITIES –
INTERNATIONAL/NATIONAL: INVITED PRESENTATIONS (Since 1985)

Brown University Medical School, Department of Family Medicine and the American Medical Association-Medical Student Section, "The Changing Health Care System: The End of Business as We Know It!", October, 2005.
National Cancer Institute, Division of Cancer Control and Population Sciences, Health Systems as Research Platforms Summit, "Building

Partnerships Between Researchers & Healthcare Delivery Systems," Plenary Session, (September 2005).

University of Pittsburgh, Graduate School of Public Health, 50th Anniversary Celebration, invited presentation: "Public Health: Opportunities at the Intersection." (February 1999).

ACOG Leadership Program in Women's Health Policy at UNC-Chapel Hill. Invited Faculty (1997-1999).

NCI Postdoctoral Cancer Prevention and Control Program, "Cancer Prevention Trials in the Community," Bethesda, Md., Invited Faculty, (1990 - 1999).

Kansas Health Institute Conference on Health and its Determinants, "Summation: Results from Strategy Session," Wichita, Kan., April 19-21, 1998.

Institute of Medicine, Committee on Community Based Drug Treatment, "Lessons from CCOP," Albuquerque, N.M., September 8-9, 1997.

New Zealand Institute of Health Management, "Strategic Alliances," Rotorua, New Zealand, November 6-8, 1995.

Alberta Cancer Board, "Organizations Working Together," Calgary/Edmonton, Alberta, Canada, September 11-12, 1995.

Escuela Andaluza de Salud Publica, "Managing in the Public Health Sector: Linking Strategy to Operations," Granada, Spain, December 1, 1994.

Moraine Institute Conference on Information Dissemination, "Organizational Strategies for Implementing Clinical Guidelines," Kansas City, Mo, September 26-27, 1994.

National Cancer Institute, National Cancer Advisory Board, "Recent Advances in the CCOP," Bethesda, Md., February, 1994.

Consultant (1993-1997), IMPROVE Project, Group Health Foundation, Minneapolis, Minn.

Virginia Commonwealth University, Provider Vendor Conference, "Developing Quality Partnerships Among Health Care Organizations: Issues and Opportunities," Williamsburg, Va., September 7, 1993.

National Cancer Institute, DCPC Colloquium, "Total Quality Management: Potential Implications for Cancer Prevention and Control," Bethesda, Md., March 24, 1993.

Eastern Clinical Oncology Group-Health Practice Committee, CCOP: Selected Finding and Recommendations, Winter Meeting, Atlanta, Ga.

Institute for Healthcare Quality Management, University of North Carolina, Chapel Hill, Invited Faculty, March, 1992/March 1993.

The Symposium on Continuous Improvement in Healthcare, The Institute of Health Management, University of Toronto, Invited Faculty, "Does CQI Conflict with Hospital Culture?" Toronto, Canada, May 2-3, 1991.

Second Annual AHCPR Primary Care Research Conference, Theory and Methods, Invited Faculty "Organizational Change: The Implementation of Preventive Strategies," San Diego, January 13-15, 1991.

Escola D'Alta Direcció I Administració – National Congress, "Professional Motivation and Organizational Change," Barcelona, Spain, March 1991.

National Cancer Institute, National Cancer Advisory Board, "The Emerging Role of CCOPs," Bethesda, Md, December 1990.

AUPHA/IBM Information Management Faculty Institute, Invited Faculty, "Human and Organizational Factors Related to Information Management," IBM Advanced Business Institute, Palisades, N.Y., December 1990.

National Conference on Community Cancer Programs, Keynote Speaker, "A Vision of the Future for Community Cancer Programs," Winnipeg, Canada, October 1990.

University of Washington, Department of Health Services, Visiting Professor, Robert Wood Johnson Clinical Scholars Program in Administration, June-July 1990, June-July 1992.

Institute of Medicine, Workshop to Improve Group Judgment for Medical Practice and Technology Assessment, "Group Composition: Selections, Expertise, Balance, and Leadership," National Academy of Sciences, Washington, D.C., May 1990.

Nemours Foundation Leadership Retreat, "Managing Professionals Within a New Paradigm: Managerial versus Professional Control," Jacksonville, Fla., May 1990.

Arizona State University and the Western Network for Education in Health Administration, Physician Leadership Institute, "Perspectives on Organizational Design and Innovation," October 1989; "The Physician Leader - Integrating Clinical and Managerial Perspectives," Tempe, Ariz., October 1991.

University of Pittsburgh, Health Administration Program, 1989 Preceptors Conference, Keynote speaker, "Criteria of Excellence in Health Management Education," Pittsburgh, Pa., November 1989.

University of Washington, Department of Health Services and the Western Network for Education in Health Administration, Seminars on Strategic Alignment for Health Care Organizations: The Next Generation, "Implementing and Managing Change Within and Across Organizational Boundaries," Seattle, Wash., October 1989.

Institute of Medicine, International Workshop on Consensus Development for Medical Technology Assessment, "Dissemination and Impact of Consensus Development Statements," King's Fund Centre, London, U.K., June 1989.

University of Michigan, Conference on Contemporary Issues in Health Services, "Emerging Activities at the JCAHO: Update and Applications for Research," Ann Arbor, Mich., May 1988.

The 1988 National Forum on Hospital and Health Affairs, "Improving Hospital Decision Making: Involving the Hospital Administrative Staff," Duke University, Durham, N.C., May 1988.

NIH/NHLBI Invitational Conference on Methodological Issues in Work Site Research- Panel Discussant, Washington, DC, April 11-12, 1988.

Washington State Hospital Association, "Vertical Integration as an Organizational Transformation," Seattle, Wash., February 1988.

Sisters of Providence, Board-Management-Medical Staff Leadership Conference, "Organizational Transition: Meeting the Challenge of the Future," San Diego, Calif., February 1988.

John R. Mannix Healthcare Forum of Northern Ohio, "Organizational Indicators of Quality Care," Cleveland, Ohio, November 1987.

Yale University, Department of Epidemiology and Public Health, School of Medicine, "Relationships Between Health Services Research and Cancer Control," New Haven, Conn., 1987.

American Society for Hospital Personnel Administration of the American Hospital Association "High Performance Organizations," Atlanta, Ga., 1986.

University of Alabama at Birmingham, Sixth Annual Symposium for Health Care Executives, "Designing Organizations for Innovation," Destin, Fla., 1986.

The American Occupational Health Conference, "Cancer Control in the Workplace: An Organizational Innovation," Kansas City, Mo., 1985.

Association of University Programs in Health Administration, "The Design and Management of Interdisciplinary and Disciplinary Groups," Annual Meeting, Washington, D.C., 1985.

Veterans Administration Region II, Health Services Research and Development Symposium, "Organizational Issues in Ambulatory Care: Managerial and Research Implications," VA Medical Center, Durham, N.C., 1985.

OTHER SELECTED ACTIVITIES –
NATIONAL, STATE AND LOCAL (Since 1985)

UNC Hospitals, CQI Teams Celebration Breakfast Keynote Address, "Improving Quality Through Teamwork: A 'Horizontal' Perspective," September 10, 1999.

Consultant, Division of Cancer Prevention, National Cancer Institute, NIH, Bethesda, Md., 1998-2000.

Consultant, Department of Psychiatry, University of Cincinnati College of Medicine, June 23-24, 1999.

External Research Review Group, College of Health Professions, Medical University of South Carolina, Charleston, S.C., January 1999.

Expert Panel on Managed Care: Member (1998-1999) Center for the Study of Healthcare provider Behavior, VA HSR&D Program, Sepulveda, VAMC, California.

Invited Presentation, "Corporatization of Health Care and Its Impact on Clinical Decision Making," School of Medicine Alumni Conference, University of North Carolina - Chapel Hill, April 19, 1997.

Invited Faculty (December 6-7, 1996 / August 4-5,1999 / August 9-10, 2001) Department of Health Administration and Policy, Medical University of South Carolina, Charleston, S.C.

Consultant (1994-1997), Interdisciplinary Professional Education Collaborative, Institute for Quality Improvement, Boston, Mass.

Invited Presentation, "Barriers and Facilitators to Physician Participants in an Integrated System: A Report in Research from APS-wide survey." The Inaugural meeting of AmHS/Premier/Sun Health, March 15, 1996, Orlando, Fla.

Invited Presentation, "Barriers to Improved Quality Outcomes: What are They? Can they be Overcome?" Medical College of Virginia, Richmond, Va., University of Toronto, Toronto, Ontario, and the Society of Medical College Directors of Continuing Medical Education, Richmond, Va., April 14, 1996.

Invited Faculty, National Cancer Institute, Cancer Prevention Fellowship Program, August 1995-1998.

Invited Presentation, "Improving Community Cancer Care," Health Management and Policy 1995 Biennial Institute, University of Michigan, Ann Arbor, September 1995.

Member (1995), University of North Carolina Strategic Planning Committee. Consultant (February 1994), Department of Medicine, University of Massachusetts Medical Center, Worcester, Mass.

Invited Presentation, "Evaluation of the Community Clinical Oncology Program," Center for Health Administration Studies, University of Chicago (February 1994).

Invited Faculty (October 7, 1993) "Organizational Impact of TQM," NC-AHEC Statewide Meeting, Black Mountain, N.C.

Invited Presentation (February 1993) "Involving Physicians in CQI- The Critical Test," UNC Hospitals CQI Council.

Keynote Speaker (January 1993) The Community Clinical Oncology Program, Finding and Recommendation Piedmont Oncology Association, Winter Meeting, Winston-Salem, N.C.

Consultant (May 1992), College of Health Sciences, Department of Health Care Administration, University of Nevada, Las Vegas.

Invited Faculty (May, 1992), Quality Utilization Management of North Carolina-Spring Conference, Chapel Hill, N.C.

Richard Carl Jelinek Seminar on Health Management Issues in Health Care (March 1992), "Strategic Alliances as Technology Transfer Organizations: The Case of the CCOP," School of Public Health, University of Michigan, Ann Arbor.

Grand Rounds Presentation (February 1992), "CQI in a Clinical Setting: Issues of Application and Implementation," Department of Psychiatry, School of Medicine, University of North Carolina at Chapel Hill.

Keynote Speaker (November 1991), "Implementing TQM: Challenges and Opportunities," Conference on Innovation, North Carolina Memorial Hospital, Chapel Hill, N.C.

Member (1990), Health Services Administration Review Committee, The Graduate School, University of Washington, Seattle, Wash.

Consultant (1990), Department of Health Administration, School of Public and Environmental Affairs, Indianapolis, Ind.

Member (1990), External Scientific Advisory Committee, Massey Cancer Center, Medical College of Virginia, Virginia Commonwealth University, Richmond, Va.

Consultant (1990), Department of Health Administration, School of Public Health, University of South Carolina, Columbia, S.C.

Member (1990), Provost Review Committee for the Hospital and Health Services Management Program, Northwestern University, Evanston, Ill.

Member (1990), External Review Panel, Department of Health Management and Policy, University of New Hampshire, Durham, N.H.

Member (1990), Scientific Advisory Committee for the Population Science Division, Fox Chase Cancer Center, Philadelphia, Pa.

Consultant (1988-1989), Basic Health Plan Evaluation, Department of Health Services, School of Public Health and Community Medicine, University of Washington, Seattle, Wash.

Consultant (1977-Present), Veterans Administration Hospital, Fayetteville and Durham, N.C.

Member (1986-1989), School of Pharmacy Administrative Board, UNC School of Pharmacy, Chapel Hill, N.C.

Member (1987, 1988, 1992), External Advisory Committee for the Cancer Control Division of the Fox Chase Cancer Center, Philadelphia, Pa.

Consultant (1987), Dean's Review Committee for the Department of Medicine, College of Medicine, The Ohio State University, Columbus, Ohio.

Member (1985-1986), Board of Visitors, School of Community and Allied Health, University of Alabama at Birmingham.

Consultant (1986), External Advisory Committee, Illinois Cancer Council, Chicago, Ill.
Member (1985), Visiting Advisory Committee, Department of Social and Administrative Sciences, School of Public Health, University of California, Berkeley.

INTERNATIONAL ACTIVITIES

Visiting Professor (December 2008), L'École des Hautes études en Santé Publique (EHESP), Paris, France.
International Hospital Federation, 35th World Hospital Congress, Keynote Address, "Vision and Strategy for Ubiquitous Healthcare: The End of Business as We Know It," Seoul, Korea, November 6, 2007.
Member (2006-2008), Discipline Peer Review Committee; Public/Global Health, Fulbright Senior Specialist Program. U.S. Department of State.
Senior Fulbright Specialist. Oswaldo Cruz Foundation/Sergio Arouca National School of Public Health, Rio de Janeiro, Brazil, June, 2005.
Invited Faculty and Senior Advisor (2002-2003) Executive Management Program: China, Project HOPE, Shanghai-Beijing, China.
Invited Faculty and Senior Advisor (2001- 2004) Health Care Management for Middle Managers: Estonia, Latvia and Lithuania, Project HOPE, Millwood, Va.
Invited Faculty and Senior Advisor (1999-2001) Health Care Management for Middle Managers: Czech Republic and Hungary, Project HOPE, Prague, CR
Invited Faculty (1995-96), Czech Republic Executive Health Care Management Training Program, Project Hope, Prague, CR.
Invited Faculty and Co-Director (1996-20), Polish Executive Health Care Management Training Program, Project Hope, Krakow, Poland.
Member (1997-98), ACOCC Projects Evaluation Panel, National Cancer Institute of Canada, Toronto, Ontario
Co-Director (1993-97), Project HOPE, in Collaboration with the Anderson School, University of California, Los Angeles, East European Health Management Education Program, Millwood, Va.
Consultant (1995), Helsinki School of Economics and Business Administration, Center for Management Development, Helsinki, Finland.
Member (1993-1994), Board of Visitors, School of Public Health, Jagiellonian University, Krakow, Poland.
Invited Faculty (1991-93), Project HOPE, in Collaboration with the Wharton School, University of Pennsylvania, East European Health Management Education Program, Millwood, VA, Budapest, Hungary, Slovak Republic.

Invited Faculty (1992-93), Agency for Health Care Policy Research/Jagiellonian University Workshop on Outcomes Research, Krakow, Poland.
Consultant (1991-92), Project HOPE, Health Care Management, School of Public Health, Krakow, Poland.
Member (1990-Present), Project HOPE Advisory Committee on Health Services Management, Millwood, Va.
Member (1986-1990), External Advisory Panel, Extramural Research Programs Directorate, Health Services and Promotions Branch, Health and Welfare, Ottawa, Ontario, Canada.
Visiting Professor (1988), Elton Mayo School of Management, South Australian Institute of Technology, Adelaide, Australia.
External Reviewer (1987), Department of Health Administration, Division of Community Health, Faculty of Medicine, University of Toronto, Ontario, Canada.
Consultant to the Appraisals Committee (1986), Ontario Council on Graduate Studies, Toronto, Ontario, Canada.
Consultant (1985), Birch and Davis Associates, Inc., West African Health Education Centers Project.
Consultant (1984-Summer), South East Asia Regional Office, World Health Organization, New Delhi, India.
Consultant (1979-1982), Association of University Programs in Health Administration, Office of International Health Administration Education, Washington, D.C.
Consultant (1979), Dimpex Association, AID Terminal Evaluation of Danfa Project, Accra, Ghana.
Member (1975), U. N. Expert Panel on "Administrative Issues in Family Planning Programmes," Kuala Lumpur, Malaysia.
Consultant and Visiting Lecturer (1970), Gandhigram Institute of Rural Health land Family Planning, Soundram Nagar, Tamil Nadu, India.

OTHER ACTIVITIES

Member Board of Jurors, 2000 NCQA National Quality Health Care Award, National Committee for Quality Health Care, Washington, D.C.
Member (1999-2003) Review Board, *Advances in Health Care Management*, JAI Press.
Associate Editor (1999-2000) *Journal of the National Cancer Institute*.
Member (1998-2001) Editorial Board AUPHA/HAP.
Member (1992-1994), Editorial Board, (Chairman, 1994-1996) *JCAHO Journal of Quality Improvement.*
Member (1991-1993), Editorial Board, (Associate Editor, 1997-98) *Quality Management in Health Care.*

Member (1989-1990), Aspen Seminar Advisory Board.
Issue Editor (1989), Special Issue "Teaching and Using Research Methods in Health Administration," *Journal of Health Administration Education*, 7:3, Summer 1989.
Member (1988-1998), Editorial Board, Health Care Management Review.
Resident Fellow (1988), Consultant (1990-91), Sisters of Providence, Corporate Office, Seattle, Wash.
Interlocutor—Abbott Forum, a Conversation with Henry Mintzberg, Ph.D., Bronsman Professor of Management, McGill University, AUPHA Annual Meeting, Montreal, May 1987.
Expert Witness, Anderson versus HCA Management Company et al.,
1987. Expert Witness, Pritchard versus SunHealth Management Corporation et al., 1990.
Issue Editor (1987), Special Issue, "Organizational Ecology: Implications for Health Services Research," *Medical Care Review* 44:2, Fall 1987.
Guest (1987), JCAH Television Journal.
Guest Member (1987), *Health Education Quarterly* (Special Issue)
Editorial Board. Convener (1984-1985), Participating Faculty (1983-1986),
Doctoral Consortium, Health Services Section, American Academy of Management.
Member-at-Large (1981-1983), (1988-1991), Health Administration Press Editorial Board.
Associate Editor (1981-1983), *Journal of Health and Social Behavior.*
Member (1981-1983), (1988-1991), Editorial Board, *Medical Care Review*.
United Fund (1983), UNC—Health Affairs Chairman.

RESEARCH / FUNDED ACTIVITIES

Co-Investigator, NSF/ Center for Health Management Research "Transitions in Organizational Design: A Study of Product Line Implementation," $125,000.00, 1999-2001.
Participating Faculty/Evaluator, "Management Academy for Public Health." (CDC Foundation funded $12,799,776.00, 1999-2002).
Investigator, "Dissemination and Utilization of Clinical Process Innovations in an IDS Environment" (Center for Health Management Research funded-$92,897-1998-2000).
Principal Investigator, "Cancer Control Education Program" (NCI funded-$1,599,955- 1997-2002).
Investigator, Cancer Prevention in Primary Care: Practice Activation," (NCI funded - $1,823,235 - 1995-98).

Principal Investigator, “Invitational Conference on Strategic Alliances,” (funded AHCPR Review – $122,031 — 1993-94)
Principal Investigator, "Evaluation of CCOP Performance in the NSABP Tamoxifen Chemoprevention Trial," (funded NCI-UNC SPORE, $32,000, 1993)
Investigator, “Local Health Department Case Studies: A Ten-Year Follow-up," (CDC funded —$500,000 — 1991-94)
Investigator, "Diffusion and Adoption of Children Vaccine Guidelines," (AHCPR funded – $1,067,227 — 1992-1995)
Principal Investigator, “North Carolina Early Detection Program,” (NCI funded — $2,234,578.00 – 1991-95)
Principal Investigator, “Physician Survey Supplement,” (NCI funded – $150,000 — 1990-91)
Principal Investigator, “Assessment of the Implementation and Impact of the Community Clinical Oncology Program—Phase II,” (NCI funded—$3,428,839—1988-1992)
Principal Investigator, “Minority CCOP Evaluation Supplement," (NCI Funded—$180,000—1990-1991)
Co-principal Investigator, "Impact of Clinical Trial Attributes on Patient Enrollment,” (AHCPR funded—$50,000—1990-91)
Co-principal Investigator, “Performance System to Reduce Prematurity and Low Birthweight,” (Bureau of Health Care Delivery and Assistance funded—$345,000— 1988-1991)
Co-principal Investigator, “Integrating Tobacco Education into the School System,” (NCI funded—$1.6 million—1988-1993)
Co-principal Investigator, “Performance System to Reduce Unwanted Pregnancy,” (CDSC funded—$89,885—1988-1989)
Co-principal Investigator, “Improvement of Administration of District Level Hospitals in Indonesia in Support of Maternal and Child Health and Child Survival: A Pilot Study in Organizational Assessment,” (USAID-funded – $43,000 – 1988)
Co-principal Investigator, “Cancer Control in the Rubber Industry,” (NCI funded—$300,000/year – 1983-1986)
Co-principal Investigator, “Performance System for Reducing Prematurity and Low Birthweight: A Continuation Proposal,” (CDC funded—$31,763 – 1985-1986)
Co-principal Investigator, "Computerized Performance Review System for Reduction of Prematurity and Low Birth Weight in Local Health Departments," (CDC funded – $37,546—1985-1986)
Co-principal Investigator," The Pursuit of Institutional Alternatives: An Investigation of Economic Changes Resulting from the Involvement of Nursing Homes in the Provision of Home Health Care, Nutritional Services, and Adult Day Care for North Carolina's Elderly Population,” (HCFA funded-$100,000/year—1983-1985)

Co- principal Investigator, “Development and Implementation of a Performance System for State and Local Health Departments,” (CDC funded—$25,000/year—1982-1984)
Co-principal Investigator, “Cancer Control and Community Physicians,” (NCI funded—$150,000/one year—1980-1983)
Principal Investigator, Javeriana University/University of North Carolina at Chapel Hill Interinstitutional Interdisciplinary Program of Studies for the Integral Development of the Population, (Agency for International Development—1973-1978)
Co-principal Investigator, “Development of Outcome Criteria for Local Health Departments,” Division of Health Services, NC Department of Human Resources (1977-1978)
Co-principal Investigator, “The Effect of Implementing Standards in Local Health Departments," (NC Department of Human Resources—1975-1977)
Co-principal Investigator, “Administrative Roles in Local Health Departments: Assessment and Implications for Curriculum Development," (Bureau of Health Manpower, Public Health Service, U.S. Department of Health, Education, and Welfare – 1976-1977)
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Leininger L., Harris R., Kaluzny A., Strecher V., Qaqish B., "A Randomized Trial of an Office Systems Intervention to Increase Breast Cancer Screening in Community Primary Care Practice," Presented at Society of General Internal Medicine Annual Meeting, May, 1996, Washington, D.C.

Halverson, P., A. Kaluzny, and G. Young, "Strategic Alliances in Health Care: Opportunities for the Veterans Affairs Medical System," Requested paper submitted to Management Decision and Research Center VA Health Services and Development Services, VAMC, and the Foundation for Health Services Research, 1995-1996.

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Harris R., Leininger L., Qaqish B., Kaluzny A., Strecher V., "Another Implementation Gap: Screening for Colorectal Cancer in Primary Care Practices," Presented at Society of General Internal Medicine Annual Meeting, April 1994, Washington, D.C.

Harris R., Leininger L., Qaqish B., Kaluzny A., Strecher V., "Effects of Physician Gender on Performance of Preventive Care in Primary Care Practices," Presented at Society of General Internal Medicine Annual Meeting, April 1994, Washington, D.C.

Leininger L., Harris R., Chamberlin A., Qaqish B., Jackson R., Strecher V., Kaluzny A., "Prevention in Primary Care: Variation Within and Between Practices," Presented at American Public Health Association Annual Meeting, October 1993, San Francisco, Calif.

Harris, R., L. Leininger, A. Chamberlin, A. Kaluzny, V. Strecher and R. Jackson, "Is There an Association Between Office Systems and Performance of Preventative Procedures in the Community?" Society of General Internal Medicine, 1993 Annual Meeting.

Leininger L., Harris R., Chamberlin A., Kaluzny A., Strecher V., Jackson R., "Smoking Cessation Counseling in Community Practice: Writing it Down," Presented as a poster at the Society of General Internal Medicine Annual Meeting, April 1993, Washington, D.C.

Leininger L., Harris R., Fox B., Balance W., Kaluzny A., Jackson R., "An Effective Strategy for Recruiting Community Physicians in Health Services Research," Presented at the American Public Association Annual Meeting, November 1992, Washington, D.C.

McLaughlin, C., K. Simpson and A. Kaluzny, "Service Quality, Then Productivity in Health Care," Paper Presented at the Wharton Conference on Service Management, Technology and Economics: The Service Productivity and Quality Challenge, The Wharton School of the University of Pennsylvania, Philadelphia, October 1992.

Kaluzny A.D., L. Lacey, J. Morrissey, et al., "Community and Inter-organizational Factors in Technology Assessment and Transfer: The Case of the NCI Community Clinical Oncology Program," Paper Presented at the International Society of Technology Assessment in Health Care - Eighth Annual Conference. Vancouver, British Columbia, Canada, June 14-20, 1992.

L. Ford, T. Johnson, R. Warnecke, A. Kaluzny, P. Shin and H. Ozer, "Breast Cancer Practice Patterns: Evidence of a Shift Following a Consensus Conference or Clinical Alert," Paper Presented at ASCO Annual Meeting, San Diego, Calif., May 17-19, 1992.

Kaluzny, A.D., L. Lacey and D. Hynes, "The Community Clinical Oncology Program as a Technology Transfer Organization," Paper Presented at the Annual Meeting of the American Society of Public Administration, April 1990, Los Angeles, Calif.

Teaching Cases

Kaluzny, A., and Donna O'Brien, "Translating Science to Improve Cancer Care in the Community: The Role of the NCI Community Cancer Centers Program. 2012 (available through University of Michigan Social Science Research Network-SSRN).

HONORS AND AWARDS

NCI Merit Award, 2012
NIH Director's Award, 2009
Edward G. McGavran Award for Excellence in Teaching, 1998
NCI Year 2000 Award, 1995
Bernard G. Greenberg Alumni Endowment Award, 1991-1994

Cecil G. Sheps Distinguished Investigator Award, 1988
UNC Kenan Professor, 1980
Fulbright Lecturer, Brussels University, Brussels, Belgium, 1970-1971 (Awarded but declined)
Delta Omega, Honorary (Public Health), 1966, National Secretary, 1971-1973
U.S. Public Health Service Fellowship, Fall 1963-June 1967

SELECTED PROFESSIONAL ASSOCIATIONS AND ACTIVITIES

American Public Health Association: Fellow, Program Committee, 1969-1970. Medical Care Section, Regional Secretary, 1969-1970.
Conference on the Social Sciences in Health, American Public Health Association, Chairman, 1969-1970.
American Sociological Association, Member, Medical Sociology Section.1969-1980
Association for Health Services Research, Member. 1970-1990.
American Academy of Management, Health Services Section, Member 1970-1980.
American College of Health Care Executives, Faculty Associate.1970-1990.