



## **The Rollins School of Public Health: Strategic Business Decisions in the Academic Realm**

In early September 2010, the Rollins School of Public Health at Emory University celebrated its 20th year anniversary. Coinciding with the celebration, the Claudia Nance Rollins Building opened as the second facility to be built exclusively to house the premier public health institution in the southeastern United States.

What had begun within the well-established Emory School of Medicine as a Master of Community Health program with 16 students in 1975 had evolved to become a successful public health school with more than 1,000 students. Despite the quick rise of Rollins to the top of academic rankings for public health institutions, the realization of the school was not an overnight endeavor, nor was it painless at a university that hadn't seen the creation of a new school in over 70 years.

In the late 1980s, Dr. Charles R. Hatcher, Jr. - Emory's Vice President for Health Affairs and Director of the Robert W. Woodruff Health Sciences Center, was charged with weighing the strategic value of an independent public health school against the risk of financial and functional failure that might follow a departure from the tradition and support of the School of Medicine.

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## **Public Health Beginnings**

Beginning as the Office of Malaria Control Activities, The Centers for Disease Control and Prevention (CDC) is one of the first nationalized institutions for the advancement of disease and health related knowledge. Having been headquartered in Atlanta in since 1942, Georgia was a logical location for the center as a significant number of military personnel received basic training in the southeastern United States. The natural environment of the area was similar to those in which American soldiers encountered malaria and other tropical diseases.

With the aid of former Coca-Cola president and Atlanta philanthropist, Robert W. Woodruff, the CDC was expanded via a land donation in 1958 from nearby Emory University. The physical proximity to Emory and its renowned Woodruff Health Sciences Center was an obvious opportunity for collaboration with the CDC.

During the Vietnam War, an increasing number of young physicians joined the U.S. Public Health Service as commissioned officers to fulfill their duty at a time when all newly graduating medical students were subject to the draft. Many were assigned to the CDC, providing an influx in talent that was quite beneficial to the organization. Many were retained by the CDC after their term of service expired.

By the late 1980s, the CDC was established as the global authority on many public health areas with primary focus on the prevention, control, and eradication of diseases that plague populations from San Francisco to Shanghai. The CDC also employed hundreds of health specialists and researchers within the metro Atlanta area, a number of whom had become adjunct professors at Emory.

Emory's own history predated that of the CDC by over 100 years. Founded originally by members of the Methodist faith seeking to establish a seminary school, Emory grew to become a top 20 national university that offered undergraduate and graduate studies in business, law, and

medicine. The School of Medicine traces its origins back to 1915 with the merger of three other area medical colleges. Along with its CDC affiliation, the school maintains partnerships with Grady Memorial Hospital, Children's Healthcare of Atlanta, and the American Cancer Society.

In the 1970s, the concept of community or public health was an ill defined and relatively new field that dealt with the health of populations, as opposed to that of the individual. Often, established physicians who wished to add to their professional acumen might receive a public health certificate or attend an established masters program at a Johns Hopkins or Harvard University. Full time careers in public health (i.e. working in free clinics, practicing disease control abroad, etc) were generally less lucrative and attractive than were medical positions in private hospitals or academic institutions.

Realizing that Emory would need to participate in the trend of public health in order to compete with other medical institutions, a Masters in Community Health was created in 1975 and housed within the School of Medicine. The curriculum of the degree was tied closely to the existing fields of study already available to an Emory medical student, which included courses on epidemiology (the study of the distribution and patterns of health-events, health-characteristics and their causes or influences in well-defined populations), biostatistics, and behavioral sciences. While the degree offering was expanded and built momentum, there was little to suggest that a separate public health school would be required in the future. For one, the Masters in Community Health degree allowed students to take a significant number of classes at neighboring universities such as Georgia Tech, Georgia State University, and others, but still receive an Emory degree. This exception was critical for attracting potential students early on, but the missed tuition revenue severely limited the capital capabilities for growth. As a result, the program ran a deficit through the 1970s.

Also, unlike medical schools at public universities, it was extremely difficult for a private institution to receive federal funding or grants for public health programs. Even with Emory's relatively large endowment, the notion of re-routing private funding in order to create a new school with no potential donors and few alumni would be an uphill battle in the best of economic

times. As the “new kid on the block” the program would be last in line when Emory would appropriate capital from the endowment.

The dean of the School of Medicine in particular was skeptical of the success that could be seen from a separate public health school, as it was his belief that fragmentation of medical programs would lead to overall weakened research and academic rigor.

Adding to this challenge was the reality that the field was undefined to a degree that experienced faculty members were difficult to recruit. While enthusiasm for the study of public health was nationally trending upwards, there was little precedent for who would be most qualified to teach it.

These conditions made the decisions of Dr. Charles Hatcher all the more consequential as the thought of the implications of creating a new school of public health at Emory in the late 1980s.

### **A Surgeon in the Boardroom**

Dr. Hatcher was no stranger to the pressures and consequences associated with making bold decisions. Having grown up in a small town in south Georgia and gone on to a highly successful career as a heart surgeon, Hatcher had risen through his medical career with a reputation for “cut first, ask questions later.”

Despite having little formal business education, Hatcher had become the director of the highly successful Emory Clinic. Under his leadership, the Clinic saw substantial growth towards the treatment of thousands of Atlanta area patients by Emory faculty and the contribution of several million dollars annually to the School of Medicine.

Known for his hands on management style, Hatcher simultaneously was Chief of Cardiothoracic Surgery and the CEO of the Clinic. This dual role provided Hatcher with an

opportunity to run a business responsibly, but also with the unique insight that only a practicing physician can provide to a medical organization. As he refers to it in his memoirs, “Having come up through the ranks, I did not require any of the trappings of authority”.<sup>1</sup>

With consideration of his success at the Clinic and 20 years of affiliation to the University, Emory President Jim Laney appointed Hatcher in 1983 to Executive Vice President of Health Affairs within the Woodruff Health Sciences Center.

The Center was the umbrella organization (**Exhibit 1**) of Emory health initiatives that included the School of Medicine, School of Nursing, School of Dentistry, the Yerkes National Primate Center, Emory University Hospital, and Crawford Long Hospital. With such diversity of medical programming came a strong reputation, but also the challenge to effectively manage a wide variety of interests and stakeholders ranging from doctors, students, foundations, alumni, and faculty. From a clinic of 400 personnel to a 20,000-person community, Hatcher’s relationship based leadership style was very much put to the test.

One of the most difficult issues that a university administrator must occasionally deal with is the closing of a college, school, or department. Often in education, the financial bottom line is marginalized for the sake of a sound academic experience for students. In the late 1980s, Hatcher was presiding over the unfortunate sinking ship that was the Emory School of Dentistry. With southeastern demand for dentists stagnating and declining student numbers, the dental school was losing \$2 million annually.

With the poor fiscal projections and unfavorable growth projection data in support, Hatcher made the recommendation in 1985 to President Laney and the Emory Board of Trustees to close the dental school. While there was loud disapproval voiced from alumni and current faculty, Hatcher was applauded for keeping the difficult situation from spiraling out of control by keeping the welfare of the current dental students at the forefront of the closing. Despite the costs associated with paying out salaries of faculty and transferring students, the closing of the dental school was a moment where Hatcher’s mettle as a tactful businessman in academia was shown.

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<sup>1</sup> Pg 248 *All In the Timing - From Operating Room to Board Room* by Charles Hatcher, MD

The fiscal and organizational affirmation for the choice to close the dental school was many years to come. In the meantime, Dr. Hatcher was faced with a potentially even riskier decision on the horizon - the opening of a new school of public health at Emory.

### **Organizational Change - Bold or Brash?**

Dr. Hatcher sat back in his modest office in the Woodruff Health Sciences Administration building and pondered, “Public Health? At Emory?”. Despite having spent years ascending up the ladder from his days as a cardiac surgeon on staff in the Emory Clinic to now occupying the post of Vice President of Health Affairs, he had sought to retain a physician’s willingness to place people first. His door was always open and he even gave the corner offices in the building to other members of his staff.

Hatcher had only come into the position five years prior when the sitting VP, Dr. Herndon, had a stroke and retired on medical leave. After serving as interim director for a year, he was made an offer to continue on full time. While unexpected, he relished the opportunity to enable others in the medical community to do the very work he so loved as a young cardiovascular surgeon. Despite his emphasis on relationship building and networking, Hatcher was not one to shy away from the spotlight of responsibility, as he was often referred to in the Atlanta Journal Constitution as the *Emory Health Czar*. In the normally slow-to-change world of academia and especially in a private school like Emory, Hatcher was known as an exception for being deliberately forward thinking and most importantly, decisive.

At 59 years old, Hatcher in his VP role had already helped to hire a new dean of the School of Medicine, renegotiated a contract with a local hospital (Grady Memorial), and had endured the trials of the choice to phase out the decades old dental school. Not one to settle, he had also set the ambitious goal by 1990 to have \$100 million annually in National Institute of Health (NIH) funding, a goal that would help Emory surpass Georgia Tech in the late 90s as the largest research university in the state by grant volume. Another goal was to strengthen the

recently renamed Masters in Public Health program, as he was not ignorant to the growing medical trend for public health as a career opportunity for those students looking to solve national disease epidemics (HIV, diabetes, etc) or even work to improve the health of entire Third World populations.

Goals were one thing, but buildings and classrooms were quite another. Recently, with the encouragement of President Laney, he had been asked to analyze how “big” public health could or should become at Emory. For nearly thirty years, several faculty members and former CDC employees had invested their lives into growing what had originally been the Department of Preventive Medicine and Community Health that was securely housed in the larger School of Medicine.

The small Master of Public Health program was understaffed and underfunded; yet it somehow continued to press forward. In the 1981, it was awarded full accreditation for five years and even operated financially in the black for the first time in 1983. As it stood today, the MPH program had eight full time faculty and 135 students. Even more recently, the American Board of Preventive Medicine had released its 1987 report stating that Emory MPH graduates had ranked at the very top of their national board exams, beating out even students at top ranked Harvard, Johns Hopkins, and Michigan. While the sample size of Emory students was statistically insignificant, this report bolstered the credibility for the work being done within the MPH program.

The driving success behind the MPH program was not so much made possible by funding or new facilities, but by the dedication of several key individuals, most of whom came from CDC backgrounds and had spent years of their careers working in Africa and in other nations of sub par health infrastructure. The vision that was carried forward in the program was one of applied study that focused on the practical application of public policy, administration, and clinical public health.<sup>2</sup>

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<sup>2</sup> pg 45-73 *A Shared Dream – The Genesis of Academic Public Health At Emory* by Dollie Daniels, MPH

Despite these indicators of success, there was equally enough concern over the possibility of further growth of the program. Hatcher was responsible for the affairs of the esteemed medical school, which still housed the MPH program. He was the primary individual charged with maintaining the financial solvency, organizational integrity, and public perception of all health related activities at Emory. Still very much involved with the recent fate of the dental school, Hatcher understood that the opening and closing of schools was not to be taken lightly at a university that hadn't seen a new school in nearly 70 years.

Furthering his concern was the opinion given by the very dean of the School of Medicine that he helped to hire back in 1983. Dean Richard Krause came to Emory after having served as the Director of the Institute for Allergy and Infectious Diseases at the National Institute of Health and after nearly being selected to fill the VP post that Hatcher currently occupied. Hatcher felt that Krause, with a strong academic background, would serve well as the newest dean of the School of Medicine.

Hatcher was aware of Dean Krause's disbelief in the feasibility of a separate school or even division of public health at Emory. For one, if the MPH program were to become independent, the School of Medicine would lose significant research dollars and academic capital in advancing towards the top ten in the national medical school rankings. Having come from a background of epidemiological research, Krause's vision for public health at Emory would be a laboratory-oriented program that would strengthen and complement the core sciences departments *within* a flourishing medical school.

With his view of public health emphasizing laboratory learning, Dean Krause also implied that collaboration would be more likely with the nearby research bastion of the CDC. This potential partnership would in turn further Emory's chances at receiving more NIH funding. As it was known that NIH funding served as a proxy for medical school excellence, Hatcher was all too aware of the potential upshot of allowing Krause and the School of Medicine to keep the MPH program in house. Whether he thought it fair or not, he knew that Emory's standing in the national medical school rankings would be tied to his success or failure as the VP of Health Affairs.



## **Benchmarking and Consultation**

In order to advance the his understanding of what the future might hold for the MPH program, Hatcher directed Krause to assemble a committee of medical school faculty to investigate and form a report on recommended next steps for the program. The committee spent several months interviewing Emory faculty and examining the MPH curriculum. When it emerged with its report (**Exhibit 3 Plauth Report**), the findings applauded the growth of the MPH program, encouraged it to pursue a unique international focus, and strongly emphasized good relations between the program and the School of Medicine. While the report hinted at the possibility of an independent School of Public Health, it did not conclusively state that it was imperative for a separation from the School of Medicine.

Despite the committee’s findings, Hatcher grew frustrated. It was becoming more and more clear that the School of Medicine and the MPH program were reaching an impasse that showed little sign of quietly fading away. In response to the increasing pressure to support an independent public health division, Krause reorganized and refreshed funding towards the two most important academic subject areas of an education in public health - epidemiology and biostatistics. With an additional \$750,000 of allocated budget and the combining of the School of Medicine’s epidemiology and biostatistics departments, Krause sought to prove that public health studies could be advanced but only under the auspices his medical school. Chosen to chair this new department was a young and promising epidemiologist, Dr. Ray Greenberg.

Not completely satisfied with the results of the internal Emory report, Hatcher realized that the consultation he needed would require perspectives larger than what could be found on campus. Knowing that he preferred to deal with such important matters personally, he brought together Krause, Dr. Jim Mason (director of the CDC), and Dr. Bill Foege (director of the Carter Center).<sup>3</sup> The discussion held yielded a majority supported decision (with Krause still skeptical) of “yes”; there was great potential for a school of public health at Emory. This judgment was

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<sup>3</sup> Pg 268 *All In the Timing - From Operating Room to Board Room* by Charles Hatcher, MD

subsequently endorsed and validated by a consultation and visit by and Dr. D.A. Henderson, dean of the School of Public Health at Johns Hopkins, widely known and respected as the “Dean of Deans” in Public Health.

Coming from the number one ranked public health school in the country, Dr. Henderson especially was the authority on the academic realities of a public health education. Having been the educational birthplace of public health, Johns Hopkins had held dominion over the brightest students and the most experienced medical faculty for quite sometime. For Dr. Henderson to support the public health initiative at Emory and disregard the potential competition for students, faculty, and funding told Hatcher that the opportunity was too unique to not consider further.

Hatcher knew that going straight from a degree program to a new school would present severe fiscal disadvantages. In order to avoid the “taxing” that is a function of being a school within a university, he opted to suggest the formation of a new division of public health within the Health Sciences Center. Such a designation would allow for a lighter financial burden, but still greater autonomy than if the MPH program were to remain as it was. Already not one to drag his feet, Hatcher was a bit relieved to have finally reached a decision that would hopefully appease the various parties associated with the question of public health at Emory.

### **Human Resources Reshuffling**

Shortly before the Board of Trustees vote on the proposal to make the program a division, Hatcher was notified that Krause had frozen all funding for the MPH program for the upcoming 1988-89 academic year. “What on earth does Krause think this will accomplish?” said Hatcher. He knew that not only would this cause more bad blood between the School of Medicine and the MPH program, but it would also negatively affect the morale of the worn thin public health faculty. To add fuel to fire, it was now public knowledge that Krause had openly voiced within certain circles at Emory that there was no inherent mandate for the MPH to grow and that it would only become a school over his “dead body”.

The last thing Hatcher needed was the Atlanta press to catch wind of an internal power struggle within the pink granite facades of Emory. President Laney and his cabinet would expect Hatcher to move quickly in order to quell the discontent, but there was little that could be done short of completely overriding Krause's authority on the matters of the medical school. If this was the case, the frayed relations that would result between the Dean of the School of Medicine and the VP of Health Affairs could adversely impact a number of other critical Emory medical issues that might be entirely unrelated to the MPH program for years to come.

Then, a stroke of luck befell the future of public health at Emory when in October, Dean Krause suddenly resigned. While it was unclear as to why exactly he stepped down when he did, Hatcher could imagine that the conflict over the growth of the MPH was a significant factor.

While this unexpected exit by Krause helped to clear the path towards a public health school, Hatcher was concerned to see him go. Hatcher knew he was not a college dean himself and as the CEO of the Woodruff Health Sciences Center, he had counted on strong academic leaders under him to enact the fiscal and organizational policies he set forth. Public health at the university may have received an early Christmas gift that year, but Hatcher had watched as the Dean of the proud Emory School of Medicine left under duress while under his watch as VP of Health Affairs.

Shortly thereafter in December of 1988, Hatcher's proposal was passed by the Board of Trustees. While the MPH faculty rejoiced to have finally have thrown off the yoke of the School of Medicine, there were still serious questions and uncertainty to be accounted for if the newly formed Emory Division of Public Health (DoPH) was to one day become a school.

## **Sustained Growth and Strategic Planning**

With renewed vigor, the DoPH looked to stand a fighting chance of one day becoming a school, but Hatcher knew that two significant deficiencies would hinder its grow.

First, where would a division with no real funding find a physical home? Hatcher knew that a tangible and consolidated location for the program was key if prospective students or even other members of the Emory community were to recognize it. If it was to find a home, it needed to be sooner rather than later and most importantly, cheap.

And then, he thought of the recent move of the American Cancer Society from bustling Manhattan to the quieter Clifton Road, the very same street on which his own office was located. The move was sparked by the Society's desire to drive down costs from the pricey operating environment that New York required of any business, and its own interest in better relating to its far-flung national constituency. Having already been involved with the transition and the raising of funds to build their new facility, Hatcher knew that the ACS was looking to add a vacant top floor to their building in order to accommodate future growth projections.

He also knew that Emory and its many related foundations would look favorably on strengthening their relationship with ACS by creative means. Seeing an opportunity, Hatcher approached the ACS with a proposal. He proposed to a local anonymous foundation to put forth a million dollars, and then proposed to the ACS that the additional floor could be built with this money, but only if the newly formed Division of Public Health could occupy the space for five years, rent-free.

This brilliant move was convenient and came at the right time, but Hatcher knew too that it was people, not buildings that sustain and grow a new organization. Moving quickly, he created a search committee to discuss and interview candidates to find who would serve as dean if the division were to become a school. The Board of Trustees would consider conferring the status of an independent school, but not before a strong leader had been identified as dean.

After a national search, the committee came to Hatcher with one final candidate - the current chair of the Epidemiology and Biometry Department, Dr. Greenberg. Ray Greenberg at 35 years old was nearly a decade younger than the other candidates, but his track record in public health was extremely impressive. Dr. Greenberg had also come from a family history in the field,

as his father had been the Dean of the School of Public Health at the University of North Carolina.

Sitting back in his office, Hatcher thought to himself, “Greenberg is a sharp kid, but the school is still fragile...if this doesn’t work in the first few years, we might have to close another school”. In a sense, his experiences with heart transplantation came to mind. A surgeon hopes that a new heart will be accepted by the rest of the body the same as the insertion of the school of public health into the political environment of Emory would hopefully garner both fiscal and cultural support.

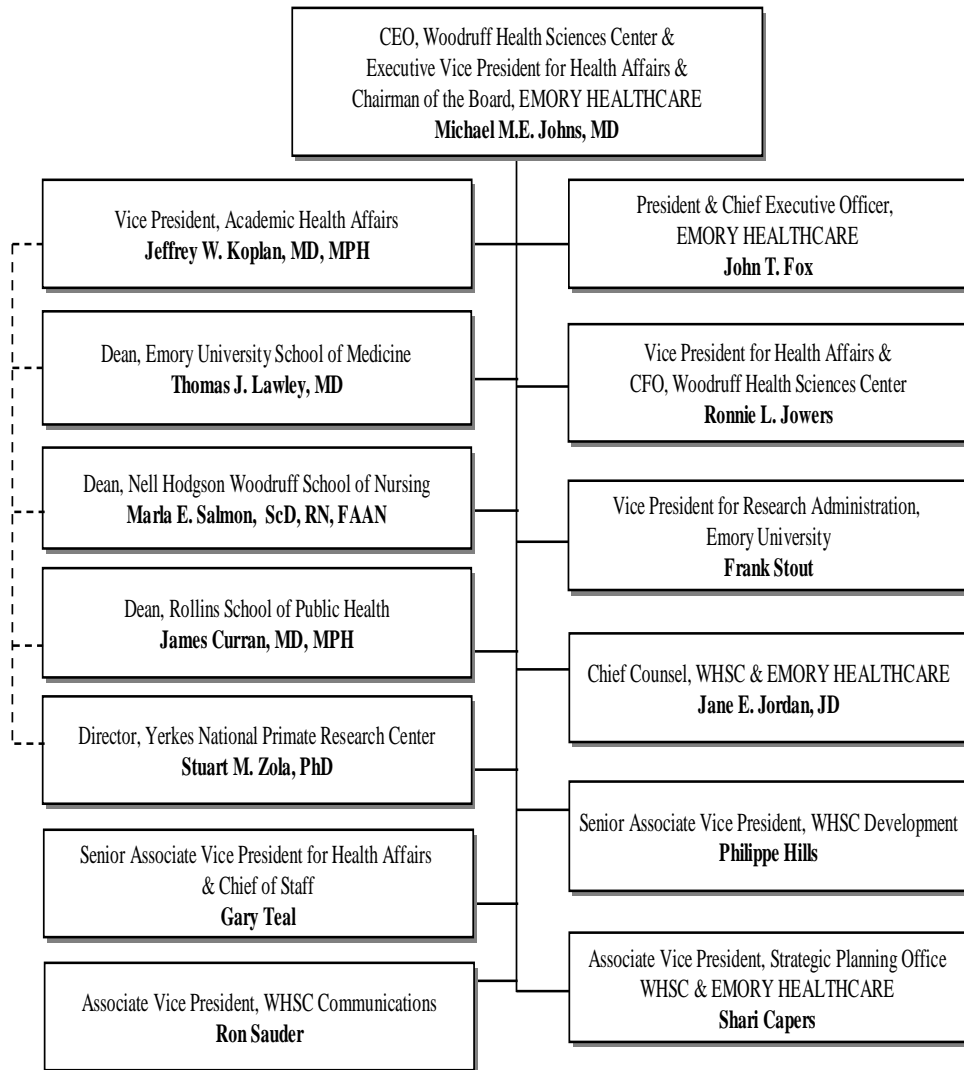
Other questions filled Hatcher’s thoughts. As the man meant to have the larger perspective on the whole ordeal to create a public health school, what vision must he cast for it? Would the choice of bringing in a young dean potentially undermine the work of his predecessors to establish the school? Would it all financially remain viable?

And most importantly, with his eyes towards the future, how does Emory’s School of Public Health uniquely position itself in the southeast, in the nation, in the world?

## **Exhibits**

Exhibit 1 - Emory Woodruff Health Sciences Organizational

**Woodruff Health Sciences Center  
Organizational Chart**



## Exhibit 2 – The Plauth Report

### Recommendations

1. That the directors and supporters of the MPH program should be congratulated on a job well-done and be encouraged to continue to develop the program along the lines projected in its Five-Year Plan.
2. That the program be supported in its request for additional space in the “Emory-CDC corridor.” The committee was of the opinion that expansion in the form of modules would be the most appropriate but this was only an opinion. The need for this expanded space is judged to be urgent.
3. That support and attention be given to the development of the International Health track which seemed to us to have the greatest potential at the moment for expansion and for securing outside financial support. There was a feeling among some of the members of the committee that the diversity, the urgency and the attractiveness of the proposals tendered to this track might pre-dispose to over-commitment on the part of its currently limited faculty and supporting staff.
4. That recognition be given to the concept that the potential for developing one of the finest, if not the finest, graduate programs in Public Health in the world lies here within the framework of Emory University and the Woodruff Health Sciences Center. The proximity of the CDC and the track record of accord and cooperation between the CDC and Emory put Emory in a unique and advantageous position in terms of attracting the very best students and faculty for graduate education in Public Health.
5. Finally, growing out of our feeling of inadequacy to judge the content and the quality of the offerings of our MPH program, it would be the committee’s suggestion that a group of recognized experts in the areas covered by the tracks within the MPH program be asked for advice regarding improvements and future development. We would like to see the MPH program stay within the Medical School for as long a period of time as it is of mutual advantage to both parties. We recognize that there are Departments of Public Health within the framework of medical schools and also Schools of Public Health which are independent of the medical school. We would like to see each party draw strength from the other without stunting the growth or draining the resources of either. Whether this can be accomplished is not clear to us but we believe every effort should be made to strengthen that ties between the disciplines of Public Health and the School of Medicine in a supportive and cooperative atmosphere.



Exhibit 3 - The Value Proposition of AHCs: Community and Societal Benefits  
As defined by Fred Sanfilippo, MD

Healthcare

- Broad range of services
- Sub-specialists
- Experimental treatments
- Referrals to other AHCs

Education

- Quality and quantity of physicians
- Nurses, dentists, and other professions
- Biomedical scientists
- New, evolving healthcare disciplines

Research

- Basic biomedical mechanisms
- Translational, applied research
- Technology development
- Test beds, clinical effectiveness

Economic

- Direct job creation
- Uncompensated care

- Extramural funding; indirect job creation
- Intellectual property, business creation

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