Nontraditional Graduate Training for Administrators of Neighborhood Health Centers

THE GREAT SOCIETY LEGISLATION of the 1960s provided for the expansion of Federal and State supported health care programs. Comprehensive neighborhood health centers, community mental health centers, and children and youth, family planning, and drug abuse programs were started in the 1960s. Other programs, such as maternal and infant care, alcoholism, and nutrition education, were expanded. For minority groups, this expansion represented a bonanza in community service programs. For persons desirous of pursuing careers in health care delivery, this growth represented an opportunity to work in a field that has been largely closed to minorities. Sponsoring groups attempting to implement new programs funded under this legislation soon encountered a serious stumbling block; they were unable to find and retain adequate, qualified staffs. Although they could find people willing to accept the challenge of working in underserved areas, few were trained or had relevant experiences.

One objective of these programs was to provide an opportunity for community representatives to select the staff for their centers in accordance with the concept of meaningful consumer participation. Almost uniformly the communities demanded executives and staff who were members of minorities. It became immediately apparent that past exclusion of blacks and other minorities from positions in health care administration resulted in a dearth of qualified candidates. Few opportunities for employment had existed previously in hospitals, medical groups, or other delivery systems. Even Federal, State, and local governments had not provided significant job opportunities for black and minority administrators. According to the "State and Local Government Information Report," issued in 1973 (*1*) only 1.2 percent of health care administrators are minority group members.

The neighborhood health centers looked to the small pool of minority physicians, dentists, nurses, businessmen, and ministers for leadership and administrative skills. For the most part, persons selected to fill administrative positions in these centers had clinical skills and experience but lacked administrative skills, or they had administrative skills but lacked health backgrounds. As a result, many programs failed to make adequate progress toward fulfilling their goals and objectives. They encountered great deficiencies in staff skills and an extraordinarily high staff turnover rate.

Available Training Programs

On the undergraduate level, approximately 44 schools offer programs in health care administration. Thirteen of these schools are members of the Association of University Programs in Health Administration. These undergraduate programs do not appear to be widely known. In addition, Harvard University and the University of Michigan have offered nondegree courses in health care administration of varying lengths (1 to 13 weeks).

On the graduate level, a few schools offer a master's degree in public administration with an emphasis on health. Educational programs which deal directly with health are limited to those offered by the 20 schools of public health. The typical master's in public health program requires residence at the institution. An alter-

nate program, called "intensive semester" (IS) or "on job/on campus" (OJ/OC) allows students to study on campus and simultaneously work at a related job. Howard University, University of Massachusetts, Goddard College, and Antioch College offer the OJ/OC format in areas other than health through the "university without walls" program. The University of Southern California has offered an OJ/OC graduate program in public administration for many years.

The current requirements for admission to graduate programs have certain implications for minority groups. Usually a score of 1,000 on the graduate record examination (GRE) gains priority consideration for an applicant. However, most schools also require that entering students have experience in the health care field, ruling out many minority persons who have been excluded from such opportunities. Finally, many schools require a degree in a health care field such as medicine, dentistry, or nursing. Students with only a bachelor's degree tend to be further eliminated from most schools by high academic admissions standards and discriminatory tests such as the graduate record examination.

On the other hand, blacks and other minorities are helped to get their fair share of the limited Federal financing of education for health administrators. The Office of Health Resources Opportunity of the Health Resources Administration, Department of Health, Education, and Welfare, pays special attention to the needs of minority groups, and health administration is one area given high priority.

The problems of providing educational and training programs are compounded by other factors. There is, generally, a low level of awareness about the need for further training in administration. Many laymen seem to believe that physicians, dentists, and nurses are trained in their professional schools to be administrators. It is also a common misconception that persons with business administration backgrounds do not need to enhance their knowledge of health affairs to administer a health care agency. Although new organizations have high expectations of their staffs, the notion that staff training will help to improve the operation of a neighborhood center is frequently not accepted. The administrators themselves may feel the need for further training, but they face other barriers in obtaining it—no nearby educational institution, an inadequate educational background, no personal priority for education, lack of financial support, or an unstable work situation.

Special Needs and Goals of Training

The Health Affairs Division of the Office of Economic Opportunity recognized the critical national shortage

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of qualified health care administrators for neighborhood health centers and attempted to rectify it by contracting with the Universities of Michigan and North Carolina to provide a series of short courses in health care administration. These courses were of high quality but were thought by many of the students to be not entirely relevant to the problems faced by neighborhood health center (NHC) administrators.

This attitude developed at Michigan partly because the learning experiences were presented in a series of workshops which drew different audiences from session to session. One group thought that the Michigan course had omitted discussions of consumer participation, organizing around issues, political mechanisms, human relations, personnel management, and medico-legal issues. Another group missed information about financing, medical care organization, and other items in the course.

The dissatisfaction of the NHC administrators who attended the workshops resulted in action. First, a NHC advisory committee to the universities attempted unsuccessfully to ameliorate the situation through consultation with OEO and the universities. The universities were sympathetic and became interested in more coherent training such as the on the job/on campus programs. Next, the National Association of Neighborhood Health Centers (NANHC) was formed by the dissatisfied administrators to obtain more relevant education and promote the neighborhood health center movement. The association was subsequently awarded grants to fund universities to offer a Health Administrators Training Program (HATP) leading to a master's degree in health care administration. The working hypothesis has been that, by channeling university support for a special program through the organized NHC administrators, the goal of "improving a center's operations" could be achieved by meeting the following objectives:

1. Train health center administrators more specifically for their assignments.
2. Influence the universities to
   a. Add more relevant educational programs
   b. Alter course content, emphasizing consumer-controlled ambulatory care centers
   c. Revise their admission criteria for experienced health care administrators
   d. Revise the format of their programs into OJ/OC
   e. Provide new programs on various levels to meet the special needs of the NHC administrators.

Description of HATP

The Universities of Michigan and Southern California devised OJ/OC programs to attempt to meet these objectives. The administrative rationale of the OJ/OC programs was to enable persons with highly valuable experiential and clinical skills to continue their work experience while gaining additional cognitive administrative skills in an academic institution. It was felt that, because of the heavy demands of health centers upon their staffs, the administrators could not be spared from their jobs for a residency program, particularly one far distant from their homes or their health centers.

The first HATP classes for health care administrators began in the summer of 1972 at the University of Michigan School of Public Health and the University of Southern California School of Public Administration. At the University of Michigan, students attended class 8 hours a day, 4 days a month, for 2 years. At the University of Southern California, students attended classes 14 consecutive days 3 times a year for 2 years. At both institutions students received books, materials, travel, per diem, and tuition support from NANHC. They were housed at nearby motels during their stay at the schools and were given access to all university facilities.

The Michigan program was the first OJ/OC degree-granting activity at this university; its previous effort had consisted of short courses and institutes on health care administration. The content of the program—similar to that offered by other schools of public health—included epidemiology and biostatistics, health care administration, medical sociology, human behavior, demography, health economics, environment, health care organizations, systems analyses, health insurance, the role of government, legal aspects of health care administration, organizational analysis, and management of ambulatory health care programs. Students attended lectures and were assigned a great amount of reading and homework.

The University of Southern California offered a 28-unit program which included 6 hours for a master's thesis. Courses dealt with the fundamentals of public administration, organizational theory, problem solving, administrative systems analysis, the administration of financial resources, administrative behavior, and research in complex organizations.

Students completed reading assignments before coming to campus, prepared papers, conducted research, attended seminars, and took various types of examinations. Faculty members made regular visits to the students' health center sites.

Student Selection

Students were selected for both programs by members of the Education Committee of NANHC in collaboration with representatives of the universities. The association indicated that at both schools the usual admissions criteria for graduate programs were to be modified. Dr. Gene Feingold, chairman, Department of Medical Care Organization, at Michigan, agreed, in a personal communication to the association, that much more emphasis would be placed on work experience factors than on a candidate's previous academic records. As a result of this agreement, the graduate record examination scores were not a part of the student selection criteria at Michigan, although they were at U.S.C. Two students did not have bachelor's degrees but completed the Michigan course successfully. At U.S.C., the range of test results on the graduate record examination

was broad, but it had been agreed beforehand that GRE scores would not be decisive in the selection process. The objective was to select executive directors of neighborhood health centers in group I (first year) and middle managers in group II (second year).

During the first 2 years of HATP, approximately 200 applicants were screened to select 56 trainees. Of these 56, 31 were black, 16 white, 6 Spanish or Mexican-American, and 3 were Asian-Americans.

The largest proportion of trainees (24 percent) had held school faculty or administrative positions. Sixteen percent came from private medical or dental practices, and another 16 percent from nursing. Eleven percent were employed by neighborhood health centers. The remaining applicants came from community development programs, hospitals, and the ministry.

Eighty-four percent had had no administrative experience. Their educational backgrounds were varied—54 percent had bachelor's degrees; 21 percent master's degrees; 12 percent master's or bachelor's degrees or diplomas in nursing; 5 percent were MDs; 5 percent were dentists; and 1 person had a bachelor of law degree.

While enrolled in HATP, the trainees held the following neighborhood health center positions; 29 percent were directors; 25 percent were assistant directors; 15 percent were not serving in an administrative position but aspired to one; 10 percent were nursing directors; 9 percent were dental directors; 6 percent were medical directors; 5 percent were training directors; and 1 trainee was a legal service director.

Program Entrance Requirements

Some students enrolled in the U.S.C. and the University of Michigan programs did not meet minimum entrance requirements for regular graduate work at these universities. This disregard for regular requirements was deliberate and resulted from the pressures generated by the NANHC.

GRE scores were required at U.S.C. but not at Michigan. The average score for a typical group entering U.S. graduate schools is 1,000. At U.S.C., the average GRE score of NANHC students was 784; scores ranged from 590 to 1,070. However, usable conclusions cannot be generated from these data inasmuch as they were based on one-half the 26 students in groups I and II. With scores of 75 percent of group I available, the average was 729, the low 590, and the high 1,070. Scores were available for 33 percent of group II students; the average was 866, the low 650, and the high 1,050. The GRE score did not appear to be an important criterion in selection for the U.S.C. program.

At Michigan, previously earned college grade point averages were used as a criterion for selection in much the same manner as the GREs. Group I had a grade point average of 2.89, with a range from 1.81 to 3.60. Group II's average was 2.73, with a range from 1.86 to 3.72. Two students in each group had grade point averages below 2.0. It is most unlikely that they would have been considered for admission to the regular university programs. Nonetheless, all four completed the program and were awarded degrees.

Program Evaluation

At the direction of its education committee, NANHC contracted with Bokonon Systems of Washington, D.C., to do an independent on-campus audit of HATP in the winter of 1974.

The evaluation included the following information:

- Demographic data on the students
- Students' attitudes and assessment of their skills before admission
- Post-test evaluation of students' attitudes and skills
- Grading of what students felt they had gotten out of each course
- Faculty questionnaires
- Data gathered in onsite interviews of students, faculty, deans, and staff.

In each area, HATP received mostly favorable comments from faculty and students. Most criticisms were constructive, and the major negative comments related not to the learning processes but to problems of logistics and morale.

Demographic data from students' pre- and post-course questionnaires are presented in tables 1 and 2.

Summaries of students' questionnaires generally indicated satisfaction with course content and its presentation. Students found that the courses were related to their areas of need: ". . . theory and literature support decision on the job." The program was ". . . stimulating and rewarding," ". . . very impressive." Instruction was of ". . . high caliber."

Other comments from the students' questionnaires indicated that more than 50 percent of faculty proved ". . . very flexible" and ". . . addressed the issues." One-half of the students viewed obtaining airplane tickets, supplies, and course material a problem; however, they did not feel that these were serious enough to detract from the course offerings.

Interviews with students revealed several factors that may have affected their performance:

- Stress of a full-time academic load on part-time students
- The distraction of dealing with health center politics
- The psychological impact of switching from a "high powered executive" to a "subordinate student" role
- Strain on domestic relations for those attending monthly class sessions
- Strain on job security. For example, one student reported a demotion; another claimed he lost his job because of the course
- Insufficient opportunity to mingle with the regular graduate students in health care administration
- Limited access to university libraries and other resources due to short stays on campus and long classroom hours
- Some students lacked an adequate public health library in their home towns.

Table 1. Demographic characteristics of students in the Health Administrators Training Program, 1972–73

Characteristic	University of Michigan			University of Southern California		
	Group I	Group II	Total (percent)	Group I	Group II	Total (percent)
Sex:						
Male	10	9	64	10	11	83
Female	5	6	36	1	4	17
Age (years):						
Median	40	34	....	36	36	....
Range	27–54	27–54	....	23–53	27–48	....
Education:[1]						
No college	1	1	6.6	....	....	....
Some college	1	1	6.6	....	....	....
Baccalaureate degree	7	7	46.7	7	7	64
Master's degree	2	2	13.3	3	4	31
Degree in medicine	1	2	10.0	....	....	....
Degree in dentistry	2	1	10.0	....	....	....
Other graduate degree	1	1	6.6	1	....	5
Marital status:[2]						
Single	....	....	....	2	4	....
Married	7	5	....	8	10	
Other	1	....	....	1	1	
Number of children:						
Median	1	2	....	1	1	
Range	0–7	0–3	....	0–2	0–8	....

[1] Incomplete data on education for group II at U.S.C. [2] Incomplete data on marital status of Michigan groups.

Faculties of both schools were interviewed and asked to complete questionnaires. Opinions were solicited on course content, program format, response to students, and overall impressions. Comments were generally very favorable. Prof. Lyle Knowles of the University of Southern California indicated that he ". . . got to know each student professionally and personally during informal discussions." These discussions resulted in a number of changes in emphasis from highly academic and abstract topics to the nuts and bolts of current problems and issues. Professor Knowles remarked that the intensive semester approach appeared to be effective with the NHC type of student.

Prof. Arthur Southwick of the University of Michigan belived that ". . . the OJ/OC students have actually provided more questioning of me and more class discussion than the full-time graduate students. By virtue of being on the job, they are very aware of current legal questions and issues."

"The interest in the subject matter is very high," commented Prof. Sy Berki of the University of Michigan. Comparing the OJ/OC program with the regularly offered program, Professor Berki noted a ". . . much greater emphasis on offering applicable ambulatory care materials, lesser emphasis on theoretical underpinnings." Prof. Avedis Donabedian of University of Michigan concluded:

> The small class size and greater flexibility in scheduling have created a better teaching and, I hope, learning environment. Ideally there should also be on-site teaching through use of opportunities in the actual working environment (just as medical students learn medicine in actual and not simulated settings). We are now in the "pre-Flexner" era of teaching medical care organization.

Table 2. Salaries of students before and after participation in the Health Administrators Training Program

Salary	University of Michigan		University of Southern California	
	Group I (N=11)	Group II (N=8)	Group I (N=8)	Group II (N=7)
Pre-training:				
Mean	$20,427	$21,312	$15,312	$15,101
Range	14,500–27,000	14,500–29,000	6,000–20,000	11,400–18,900
Post-training:				
Mean	24,427	23,287	19,281	16,738
Range	16,000–27,000	14,800–30,000	8,000–27,500	12,000–22,300

Discussion

This practical demonstration program is now in its third year, and many lessons have been learned. It would appear from the evaluation of the campus portion of the program that use of the OJ/OC or intensive semester model to provide graduate education for the busy managers of health centers is feasible. Many barriers to improving managerial skills through education have been overcome by removing residency requirements. The brief on-campus phases are apparently effective for students who can study the material beforehand. (Only 4 of the 56 students were dropped for academic reasons.)

The expense, extraordinary travel, and physical effort required of students may impede the proliferation of similar programs. If more schools of public health or public administration offered such courses, travel expenses would be reduced. The National Association of Neighborhood Health Centers hopes that the results reported here will encourage more universities to offer OJ/OC programs. It is also hoped that undergraduate programs will proliferate and adopt the OJ/OC, intensive semester, or "university without walls" models to meet a large and growing need.

Innovative ways to meet other needs should be explored. The administration of health care delivery programs is too important to leave to amateurs. No one should expect persons without administrative training or experience suddenly to acquire the needed skills upon appointment to an administrative post. Analysis of this program showed that most neighborhood health center administrators had had little or no preparation for their current positions. Appointments of unprepared administrators are being repeated as government-supported health maintenance organizations and drug abuse treatment programs expand. As the private practice of medicine tends to become more organized, a greater demand for health care administrators can be expected.

Other industries and government agencies insure that their administrators are prepared for their assignments. The Department of Defense sends everyone to basic training. Those having complex assignments are sent to special schools before receiving field assignments. Private industry also follows this practice. I strongly recommend that the Department of Health, Education, and Welfare require that all newcomers to the field of health care administration take a 3- to 6-month indoctrination course before taking the reins of a $1 or $2 million health care program. More universities could be stimulated to offer courses similar to the 6-week or 13-week courses offered by Harvard in health care business administration.

Institutes dealing with specific problems have been effective. The Kaiser schools on health maintenance organizations, although expensive, provided many administrators with an introduction to the concepts and practices of prepaid group health plans. These 5-full-day courses offered information but no credentialization. Another innovation, the 12-week administrative residencies in ambulatory care, was offered by group practice prepayment plans.

Reference

1. State and local government information report. EEO–4. Equal Employment Opportunity Commission, Washington, D.C., 1973.

SYNOPSIS

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Because of the shortage of qualified health care administrators who are members of minority groups, many neighborhood health centers, organized as a result of the Great Society legislation of the 1960s, suffered from their staffs' lack of administrative skills and from rapid turnover as staff members gained experience and moved upward to other jobs.

To rectify this shortage, the National Association of Neighborhood Health Centers was funded to offer master's degree programs at the University of Michigan and the University of Southern California. These on job/on campus programs, which began in 1972, allowed participants to work and study concurrently. At Michigan, students attended class 8 hours a day, 4 days a month, for 2 years. At U.S.C., they attended classes for 14 consecutive days 3 times a year for 2 years.

Since the usual admission requirements of established graduate programs limit access of minority students, who frequently lack adequate educational backgrounds, admission criteria were modified for the 56 persons enrolled in the program. For example, the Graduate Record Examination scores were not considered in the program at Michigan. Findings in an independent evaluation conducted in 1974 indicated that the programs at both universities were successful in providing graduate education relevant to the special needs of the staffs of neighborhood health centers. Only four students were dropped for academic reasons.

More special programs in health administration are needed in both graduate and undergraduate schools to train people in the effective administration of health care centers, particularly those serving communities of disadvantaged persons.