Young Scholars Address Complex Health Policy Issues

The Robert Wood Johnson Foundation Scholars in Health Policy Research Program, directed by Richard M. Scheffler, was established in 1992 to foster the development of a new generation of creative thinkers in health policy research. Below, four current scholars describe how the program is helping to shape their understanding of health policy.


As a Robert Wood Johnson scholar, he is examining the implementation of the Americans with Disabilities Act in the United States and comparing it with disability rights policies adopted across nations. “The best way to study is comparatively, to see if other approaches succeed or fail,” he says. “In what ways do Europeans take on, reject, or alter the American approach?”

Burke’s participation in the Robert Wood Johnson program gives him the opportunity to explore this research. “Young professors are so time-stressed, they tend to stagnate. This program gives them a chance to expand their horizons—something a lot of people don’t get to do until they get tenure.” Upon completion of the program, Burke will be returning to Wellesley, where he will teach a course on health politics.

“I grew up in Los Alamos, New Mexico, where my father worked as a weapons scientist,” says Ann Keller, assistant professor in political science and environmental studies at the University of Colorado, Boulder. “It was in the late stages of the Cold War, which was a topic of concern in Los Alamos households.” Growing up in that environment encouraged Keller’s lifelong passion for science and politics.

In 2001 she earned her Ph.D. in political science from Berkeley, writing her dissertation on the role of scientists in crafting domestic policy regarding acid rain and climate change. “The more I studied environmental policy, the more interested I became in taking my background in science and technology and applying it explicitly to public health questions.”

In particular, Keller is interested in the tension between expert-driven policy and community-level health concerns. For her research with the Robert Wood Johnson program, she is studying the way organizations function—where bureaucracies succeed and fail. “Large bureaucratic organizations are good at generalizing, but they don’t do well at the local level.” She is looking closely at the Centers for Disease Control and Prevention because it is one of the few large organizations that have enjoyed success at the local level, most notably in its work in disease outbreak sites.

When Jonathan Ketcham was working toward his bachelor’s degree in economics at Baylor University, President Clinton’s health care proposal was making news headlines on a daily basis. “It made me realize that there were interesting questions to answer,” he says, and it inspired him to pursue a course of study that combined his interests in medicine and economics. In 2002, he earned his Ph.D. in economics from the Health Care Systems Department of University of Pennsylvania’s Wharton School.

Ketcham is using the opportunity afforded him by the Robert Wood Johnson program to study the role of competition and regulation in health care markets. One focus of his research is pharmaceutical pricing. “I am looking at specific systems adopted by three other countries,” he says, noting that if Medicare provides prescription drug benefits in the future, this topic will be especially relevant. Another area he is examining is hospital quality—specifically, how the introduction of price competition affects inpatient mortality. Ketcham is also analyzing the influence of HMOs on competition among physician practices, looking at factors such as group size.

Upon completing his research with the Robert Wood Johnson program, he will seek a faculty position that allows him to continue exploring health policy issues. “It’s fun for me to think about big-picture questions,” says Ketcham. “A doctor’s rewards come from helping individual patients; I like health policy because I can help shape an entire system.”
As a medical student at UCSF, Blum interned at San Francisco General Hospital, where he came into contact with a large number of impoverished patients. “Much of what we saw was unnecessary illness and could have been prevented,” says Blum in an oral history published by the Bancroft Library in 1999. Appalled by the lack of regard for poor patients, Blum felt an affinity for the public health approach to care. “It fit in with my notions of how things ought to be done—that we ought to get there sooner, and it shouldn’t be dependent upon whether people have the money to pay for it.” After serving in the U.S. Public Health Service during World War II, Blum completed his medical residency at Stanford University. Ultimately, he says, he “succumbed to the lure” of public health and enrolled at the Harvard School of Public Health, where he earned his M.P.H.

In 1955, Blum began a 17-year tenure as the health officer of Contra Costa County, California, during which time he introduced many groundbreaking health measures to the county. His achievements included a highly visible tuberculosis testing campaign, hard-line enforcement of food industry health codes, co-authoring the Bay Area Pollution Control Act, and ensuring the availability of safe birth control methods.

Today’s public health students, professionals, and policymakers take for granted that responsible and effective health planning requires a thorough knowledge of the many environmental, social, cultural, economic, and educational forces that shape communities. Blum’s innovative ideas have produced generations of public health planners that are better able to negotiate the ever-changing, complex public health landscape.

Karen Lutfey was excited to discover the field of medical sociology as an undergraduate majoring in sociology/anthropology. “I found a dynamic and complex set of issues that were intellectually challenging and dealt with socially important problems,” she says. Lutfey, an assistant professor in sociology at the University of Minnesota, received both her M.A. and Ph.D. from Indiana University. In addition to medical sociology, her primary areas of research include social psychology and socio-linguistics.

Lutfey says she appreciates the fact that the Robert Wood Johnson program is interdisciplinary, “yet there is the expectation that you don’t abandon your own disciplinary training.” Currently she is considering the implications of changes in health care systems for providers, patients, and their collaborative management of long-term medical treatment. She is especially interested in the social implications for people living with chronic illness.

“I’m also concerned with patient adherence,” she says. “It is a lynchpin in health services research. A $64,000 question is: Why don’t patients do what their doctors tell them to do?” Lutfey is looking at the ways in which doctors assess adherence, including how they communicate with their patients, and how organizational features, such as continuity of care, play a role. “There are important factors within the medical system that influence assessments of patients and influence treatment decisions,” she says. “Looking strictly to patient behavior may be overlooking or under-appreciating things going on in the system.”

—Michael S. Broder

A member of the school’s faculty from 1966 to 1984, Blum is the author of three seminal texts focusing on the health needs of communities: Public Administration: A Public Health Viewpoint, Health Planning, and Planning for Health. His leadership was crucial in developing UC Berkeley’s health planning program, the most comprehensive in the United States, with a stated emphasis on the necessity of minority recruitment. He was also instrumental in establishing the University’s American Indian Graduate Program, which has enabled more than 200 American Indians and Alaskan Natives to earn graduate degrees in public health.