

## GUEST EDITORIAL

### My Road to Jefferson and the Path Ahead

When I meet people for the first time, they often ask me how I got started in this work. Since this is my introduction as the new Associate Dean for Academic & Student Affairs, let me tell you a little bit about where I come from and how I came to be here at Jefferson.

I started my professional career in public health working part-time at an organization that was providing front-line HIV prevention programs for gay, lesbian, bisexual, and transgender (LGBT) kids in the deep South in the mid 1990's. As you could probably imagine, the work was not easy. Funding was very hard to come by, schools ignored us, and the religious community demonized us. State policy makers also fought us pretty hard. The governor actually halted condom distribution by state-funded organizations, saying the practice "condones behavior that many of our citizens view as unhealthy, inappropriate and in some cases illegal."<sup>1</sup> And if you are wondering, yes, that even included STD clinics, family planning providers, and AIDS service organizations that received federal "pass through" funding from the state. Later, a state senator testified that "homosexuality was a public health problem."<sup>2</sup> All of this while the rates of HIV infection among young gay men was increasing at staggering rates; so much so that AIDS became the leading cause of death among people aged 25-44.<sup>3</sup> It was certainly rough and tumble work, but I gained appreciation for knowing who your real friends are, keeping a cool head in the face of some pretty intense opposition, and doing what it takes to get the job done.

When I started considering graduate school, my immediate interest was for an MBA program, since my undergraduate degree was in business. But I was

encouraged by several friends to consider getting a master's degree in public health. I met with a department chair who was recommended to me and we immediately hit it off. She was doing the work I wanted to continue doing and convinced me that a career in public health offered enough flexibility that my business background and interests could be integrated and that I would never be bored. She was right and I haven't looked back since.

In the years that followed, I began transitioning toward more "upstream" approaches to improving public health through policy and systems-level approaches. Then, after the passage of the Affordable Care Act, I seized the opportunity to work with hospital systems that were beginning to take more seriously the role they played in community health outcomes and the disparities among them. This is what led me to population health.

In October 2015 I attended the Population Health Academy at the Jefferson College of Population Health (JCPH) to learn more about what hospital systems were doing and to see what I could replicate in Northeast Ohio. As I'm sure you could guess, I was blown away by the talent in the room and in front of it. I knew that JCPH was where I wanted to be; and I am humbled to have been chosen to succeed Dr. Caroline Golab as the Associate Dean for Academic & Student Affairs and appreciate the warm welcome I have received from the faculty and staff.

When I arrived at JCPH, one of the first things I did to get acclimated was to review the academic programs—the degrees, course requirements, and syllabi. I was struck by the laser focus the College has



JCPH Associate Dean Willie H. (Billy) Oglesby

taken on impacting population health at all levels: the healthcare quality and safety and operational excellence programs focus on identifying and addressing weaknesses in delivery systems; the applied health economics and outcomes research programs increase technical skills necessary to assess efficacy and effectiveness of health interventions; the public health programs engage broader community assets in prevention and wellness; the health policy programs re-examining how systems should support health; and, of course, the population health programs that provide a framework for action and develop the next generation of scientists who will develop new insights. Add to this the College's impressive professional development and consulting offerings, you can't help but reach the conclusion that our College is truly a national engine that is at the forefront of producing the next generation of uniquely qualified practitioners and scientists able to tackle the most pressing population health problems and lead the necessary change.

In September, I was fortunate to be a part of the student orientation for the Master of Public Health program here in the College. I like speaking to new students to help them form the right mindset to be successful in a

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graduate program. I've given this standard talk many times before. One of the most important things I stress to new graduate students is to expect to think and work "within the grey"—during graduate school and afterward. Undergraduate education is mostly about correct and incorrect information, with notable exceptions in courses in the humanities. Many of the test questions are multiple choice, with one correct answer among only three other options. Not exactly real-world, is it?

In graduate school, it's different—especially in the fields of public and population health. Certainly there are technical concepts that must be mastered and statistical tests that must be performed and interpreted appropriately, but when it comes down to turning information into a decision and a decision into action, there is rarely one correct choice among three other incorrect

options. There are tradeoffs to be made, ambiguity and misinformation to manage, and resource constraints—just to name a few. Add to that the shifting health care landscape, and we have quite a tall order to fill as we prepare our graduates to meet these demands. But I know we can do it!

As I think about the future of population health, the impact of the upcoming election cycle, new regulatory reforms already underway, and what we still don't know, I can't help but think about what the college must look like five and even ten years from now. How must our programs evolve? Do we need to create new programs? Do we create entirely new fields of thought? And ultimately, how do we increase our impact?

Starting in early 2017, we will be beginning our next strategic planning process for

2017-2019. I will be leading this effort in collaboration with all of our faculty, staff, students, and alumni, as well as our external partners and stakeholders. We will be examining our portfolio of programs, generating new ideas, planning a timeline of activities, and searching for the right intellectual and financial resources to help achieve those goals. I invite all of the readers of *Population Health Matters* to help us with this process. With your help, we'll chart the path ahead, staying on the leading edge of innovation in population health and impacting communities throughout the US and beyond.

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